2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F27467

1. Entity Name
JACKSONVILLE FLORISTS DELIVERY POOL, INC.

Principal Place of Business	Mailing Address
C/O B. STEVE COX 7270 LEM TURNER JACKSONVILLE, FL 32208 US	C/O B. STEVE COX 7270 LEM TURNER JACKSONVILLE, FL 32208 US

DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2373606
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARNES, CARL L
7270 LEM TURNER RD
JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000892773
04/23/08-80078-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMEE, RICHARD
STREET ADDRESS	1516 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	VARNES, JOAN
STREET ADDRESS	7270 LEMTURNER RD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	TD
NAME	VARNES, CARL L
STREET ADDRESS	7270 LEM TURNER RD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl L Varnes 4/8/08 904-765-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #