2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# F27467

Entity Name: JACKSONVILLE FLORISTS DELIVERY POOL, INC.

Current Principal Place of Business:

C/O CARL L VARNES
7270 LEM TURNER
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

C/O CARL L VARNES
7270 LEM TURNER
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-2373606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILLIAMS, BERT
Address: 3837 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: V
Name: WHEELER, ROBERT
Address: 2712 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD
Name: VARNES, CARL L
Address: 7270 LEM TURNER RD
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL L VARNES TREA 03/03/2011

Electronic Signature of Signing Officer or Director Date