2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attac

SIGNATURE:

FILED DOCUMENT # F51651 May 02, 2006 08:00 Al Secretary of State 1. Entity Name GENE'S FIFTH AVE. FLORIST, INC. Principal Place of Business Mailing Address 5385 JAEGER ROAD NAPLES FL 34109 P.O. BOX 10100 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2155723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIMMER, ANTHONY Street Address (P O. Box Number is Not Acceptable) 5385 JAEGER ROAD NAPLES FL 34109 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition BRIMMER, ANTHONY NAME NAME Unnnnnssaana STREET ADDRESS 5385 JAEGER ROAD STREET ADDRESS 05/Ī7/ŌŠ-8ŌĪZ9-001 150.00 CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ۷P Delete TITLE Addition ☐ Change BRIMMER, ARTHEA NAME STREET ADDRESS 5385 JAEGER ROAD STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP NAPLES FL 34109 TITLE ☐ Delete THILE Change ☐ Addition NAME NAL F FESSENDEN, MARK STREET ADDRESS STREET ADDRESS 5385 JAEGER ROAD CITY-ST-ZIP NAPLES FL 34109 TITLE ☐ Delete TITLE Change Change Addition LINDSEY, MARCI NAME STREET ADDRESS 5385 JAEGER ROAD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CiTY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

NAME OF SIGNING OFFICER OR DIRECTOR