

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51651

FILED
Feb 17, 2011
Secretary of State

Entity Name: GENE'S FIFTH AVE. FLORIST, INC.

Current Principal Place of Business:

5385 JAEGER RD
NAPLES, FL 34109

New Principal Place of Business:

5385 JAEGER RD
SUITE 103
NAPLES, FL 34109

Current Mailing Address:

P.O. BOX 10100
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-2155723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FESSENDEN, MARK T P
5385 JAEGER RD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

FESSENDEN, MARK T P
5941 WESTPORT LN
NAPLES, FL 34116 US

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: MARK T FESSENDEN

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FESSENDEN, MARK T
Address: 5941 WESTPORT LN
City-St-Zip: NAPLES, FL 34109

Title: VP
Name: FESSENDEN, BARBARA W
Address: 5941 WESTPORT LN
City-St-Zip: NAPLES, FL 34116

Title: TS
Name: JUDITH, LUNDBERG V
Address: 432 CAPE FLORIDA WAY
City-St-Zip: NAPLES, FL 34116

Title: D
Name: FESSENDEN, MARK A
Address: 5941 WESTPORT LN
City-St-Zip: NAPLES, FL 34116

Title: AS
Name: FESSENDEN, TAMI R
Address: 5941 WESTPORT LN
City-St-Zip: NAPLES, FL 34116

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: MARK T FESSENDEN

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date