2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# F51651

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

Current Principal Place of Business:

5385 JAEGER RD
SUITE 103
NAPLES, FL 34109

New Principal Place of Business:

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
5941 WESTPORT LN
NAPLES, FL 34116 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: 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 04/30/2012

Electronic Signature of Signing Officer or Director — Date