


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F94000005183 1. Entity Name DELAWARE VALLEY WHOLESALE FLORIST, INC.	
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Principal Place of Business 520 MANTUA BLVD., NORTH SEWELL, NJ 08080	Mailing Address 520 MANTUA BLVD., NORTH SEWELL, NJ 08080
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 21-0722294	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILKINS, JOHN R 520 MANTUA BLVD., NORTH SEWELL, NJ 08080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OWENS, EUGENE R 520 MANTUA BLVD., NORTH SEWELL, NJ 08080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, ROBERT M 520 MANTUA BLVD., NORTH SEWELL, NJ 08080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80087-001 158.75

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: John R. Wilkins Date: 4/16/07 Daytime Phone #: 858-468-700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR