


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000002702**  
 1. Entity Name  
**DELAWARE VALLEY FLORAL GROUP, INC.**



Principal Place of Business  
**520 MANTUA BLVD. NORTH  
 SEWELL, NJ 08080-1096**

Mailing Address  
**520 MANTUA BLVD. NORTH  
 SEWELL, NJ 08080-1096**

**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-2779770** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE **06/02/08-30010-021 158.75**

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WILKINS, ROBERT 520 MANTUA BLVD. NORTH SEWELL, NJ 080801096</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WILKINS, JOHN R 520 MANTUA BLVD. NORTH SEWELL, NJ 080801096</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CONTRERAS, DAVID 1480 N.W. 84TH AVENUE MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 4/30/08 856-468-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JOHN R. WILKINS