

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000000920

1. Entity Name
800 FLOWERS, INC.



Principal Place of Business
**ONE OLD COUNTRY ROAD
SUITE 500
CARLE PLACE, NY 11514**

Mailing Address
**ONE OLD COUNTRY ROAD
SUITE 500
CARLE PLACE, NY 11514**



05072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3329949

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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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

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
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
**PDC
MCCANN, JAMES
15 WEST DR.
PLANDOME, NY 11030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCCANN, CHRISTOPHER
16 PRIVATE RD
BAYVILLE, NY 11707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHEA, WILLIAM
9 LISA CT.
MESCONSET, NY 11767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000952086
06/04/08-80066-012 150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/08

Date

Daytime Phone #

(516) 237-4964