

FILED
Apr 09, 2008 08:00 A]
Secretary of State

DOCUMENT # H11052 1. Entity Name PANAMA CITY FLORIST & GIFTS, INC.				Secretary of State	
Principal Place of Business % VICTOR GARY HAMM 755 HARRISON AVENUE PANAMA CITY, FL 32401		Mailing Address % VICTOR GARY HAMM 755 HARRISON AVENUE PANAMA CITY, FL 32401			
DO NOT WRITE IN THIS SPACE					
		 04082008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-2427038		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
HAMM, VICTOR GARY 755 HARRISON AVENUE PANAMA CITY, FL 32401			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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	DPST HAMM, VICTOR GARY 755 HARRISON AVE PANAMA CITY, FL 32401			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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		Date 4/8/08		Daytime Phone # 850-769-1515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			