

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 016 ***158.75

DOCUMENT # H78536

1. Entity Name
ABERCROMBIE'S FLOWER MARKET, INC.



Principal Place of Business
**1604 DUNDEE RD
WINTER HAVEN, FL 33884**

Mailing Address
**1604 DUNDEE RD
WINTER HAVEN, FL 33884**

50005627



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-2614654

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABERCROMBIE, JUANITA D.
6899 N SCENIC HWY.
WINTER HAVEN, FL**

Name **Abercrombie, Greg**
Street Address (P.O. Box Number is Not Acceptable)

108 Lowell Rd

City **Winter Haven**

FL

Zip Code **33884**

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 *Greg Abercrombie* **GREG ABERCROMBIE, PRES**

DATE **3/22/06**

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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **ST** ☒ Delete
NAME **ABERCROMBIE, DALLAS F.**
STREET ADDRESS **6899 N SCENIC HWY**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **MV** ☒ Delete
NAME **ABERCROMBIE, JUANITA**
STREET ADDRESS **6899 N SCENIC HWY**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **MPV** ☒ Delete
NAME **ABERCROMBIE, JUANITA**
STREET ADDRESS **6899 N SCENIC HWY**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MPT** ☒ Change ☐ Addition
NAME **Greg Abercrombie**
STREET ADDRESS **1108 Lowell Rd**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **VS** ☒ Change ☐ Addition
NAME **Mindy Abercrombie**
STREET ADDRESS **144 Ave B. S.W.**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 line empowered.

SIGNATURE: *Greg Abercrombie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/22/05 (863) 206-6721**
Daytime Phone #