

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90094 005 \*\*\*150.00

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**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**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2614654**

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

6. Name and Address of Current Registered Agent

**ABERCROMBIE, JUANITA D.  
108 LOWELL RD  
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name **Greg Abercrombie**  
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** (NOTE: Registered Agent signature required when reinstating)  
Date **4/6/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MPT ABERCROMBIE, GREG 1108 LOWELL RD WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS ABERCROMBIE, MINDY 144 AVE B SW WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 full officer like empowered.

SIGNATURE: **Greg Abercrombie** Date **4/6/07** Daytime Phone # **863-206-6721**