

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90030 001 ***150.00

DOCUMENT # J01449

1. Entity Name
PETAL PUSHER FLORIST, INC.



Principal Place of Business
%DAN TRULUCK
739 EAST SILVER SPRINGS BLVD.
OCALA FL 34470
US

Mailing Address
%DAN TRULUCK
739 EAST SILVER SPRINGS BLVD.
OCALA FL 33470
US



2. Principal Place of Business - No P.O. Box #

739 E. SILVER SPRINGS
BLVD

3. Mailing Address

Suite, Apt. #, etc.
739 E. SILVER SPRINGS BLVD
City & State
OCALA, FL

1st MOORE CR2E034 (10/06)

City & State
OCALA, FL 34470

City & State
OCALA, FL

4. FEI Number 59-2650227

Applied For
Not Applicable

Zip
34470

Country
US

Zip
34470

Country
US

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

6. Name and Address of Current Registered Agent

TRULUCK, DANIEL W.
1245 SE 14TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

3/7/07
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TRULUCK, DANIEL W.
1245 SE 14TH STREET
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
LAURIE ANN TRULUCK
1245 S.E. 14 ST.
OCALA, FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

DAN TRULUCK

3/7/07

Date

(352) 816-0174

Daytime Phone #