

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16908

FILED  
Mar 15, 2009  
Secretary of State

Entity Name: LAKEVIEW FLORISTS, INC.

**Current Principal Place of Business:**

2804 SO. DIXIE HWY  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

2804 SO. DIXIE HWY  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 59-2697895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERELLI, BARBARA  
4550 BIDDE FORD #39  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: MERELLI, BARBARA  
Address: 4550 BIDDE FORD APT 39  
City-St-Zip: WEST PALM BCH, FL 33417

Title: D ( ) Delete  
Name: BODNAR, THOMAS  
Address: 1107 SPARROW MILL WAY  
City-St-Zip: BEL AIR, MD 21015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MERELLI

DPST

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date