


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90052 004 ***150.00

DOCUMENT # J39564 1. Entity Name GRANDVIEW FLORIST, INC.	
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Principal Place of Business PIERCE, K. MARIE 1370 HWY 29 S. CANTONMENT, FL 32533	Mailing Address PIERCE, K. MARIE 1370 HWY 29 S. CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE

400007020



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2863736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PIERCE, K. MARIE
1370 HWY 29 S.
P.O. BOX 315
GONZALEZ, FL 32560-7315

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERCE, K. MARIE 6982 PINE FOREST RD 530 Teleran Street PENSACOLA, FL 32528 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREWTON, CAROLYN 1365 HWY 95 A SOUTH CANTONMENT, FL 32533
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**DO NOT WRITE
IN THIS SPACE**

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: *K Marie Pierce* **1/16/07** **850 968 2164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #