

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91224

FILED
Mar 15, 2011
Secretary of State

Entity Name: ROSE OF SHARON EUROPEAN FLORIST, INC.

Current Principal Place of Business:

2319 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

2319 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3018829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNETTE, SELF
2319 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: DP
Name: SELF, LYNETTE
Address: 2319 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: ST
Name: SELF, LAKE JR.
Address: 2319 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: 1STV
Name: SELF, PAUL A
Address: 2319 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: 2NDV
Name: SELF, NATALIE G
Address: 2319 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: LYNETTE SELF

DP

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date