

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91224

FILED  
Mar 16, 2012  
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

03/16/2012

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

\_\_\_\_\_ Date