

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000006540

1. Entity Name
BRIGHT PETALS FLORIST, INC.



Principal Place of Business
**1302 HOMESTEAD ROAD NORTH
LEHIGH ACRES, FL 33936**

Mailing Address
**1302 HOMESTEAD ROAD NORTH
LEHIGH ACRES, FL 33936**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0986925

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHOPP, LORI
401 POINSETTIA AVE
LEHIGH ACRES, FL 33936**

**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

Lori Ann Shopp

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-7-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/20/08-00048-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHOPP, LORI
STREET ADDRESS	1302 HOMESTEAD ROAD NORTH
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Lori Ann Shopp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

Date

Daytime Phone #