

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000005813

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** APPLE BLOSSOM FLORIST & GIFTS, INC.

**Current Principal Place of Business:**

5417 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5417 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3690469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, ELIZABETH  
7306 WINDING LAKE CIRCLE  
OVIEDO, FL 32765 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: VP  
Name: JOHNSON, ELIZABETH  
Address: 7306 WINDING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: P  
Name: JOHNSON, ROBERT L  
Address: 7306 WINDING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

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: ELIZABETH JOHNSON

VP

04/22/2011

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

\_\_\_\_\_  
Date