

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015890

FILED
Feb 04, 2009
Secretary of State

Entity Name: WILDFLOWERS OF FLORIDA, INC.

Current Principal Place of Business:

27715 NW 107TH ST.
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

27715 NW 107TH ST.
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3696908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINN, TERRY L
27715 NW 107TH ST.
ALACHUA, FL 32615 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ZINN, TERRY L
Address: 27715 NW 107TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZINN, TERRY L
Address: 27715 NW 107TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: VP () Change (X) Addition
Name: STRAB, PETER
Address: 11317 SW 86TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Change (X) Addition
Name: RENTOUMIS, MICHAEL
Address: 28351 SE HIGHWAY 42
City-St-Zip: UMATILLA, FL 32784

Title: S () Change (X) Addition
Name: RENTOUMIS, CHER
Address: 28351 SE HIGHWAY 42
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRY L. ZINN

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date