

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 014 ***150.00

DOCUMENT # P01000072866

1. Entity Name
MICK'S FLOWER BOX, INC.



40026173

Principal Place of Business
101 VENICE AVE. WEST, SUITE 10
VENICE, FL 34285

Mailing Address
101 VENICE AVE. WEST, SUITE 10
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

520 Valencia Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008

Chg-P

CR2E034 (12/06)

City & State

City & State

Venice, FL

4. FEI Number
65-1129538

Applied For
Not Applicable

Zip

Country

Zip

34285

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, GREGORY C ESQ.
341 VENICE AVE. WEST
VENICE, FL 34285

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PDS
HARTLEY, GLADYS R
STREET ADDRESS
101 VENICE AVE. WEST, SUITE 10
CITY-ST-ZIP
VENICE, FL 34285 ☐ Delete

TITLE
NAME
micki R. Gette
STREET ADDRESS
520 Valencia Rd
CITY-ST-ZIP
Venice, FL 34285 ☒ Change ☐ Addition

TITLE
NAME
VTD
ROUVET, MARIJANE D
STREET ADDRESS
101 VENICE AVE. WEST, SUITE 10
CITY-ST-ZIP
VENICE, FL 34285 ☐ Delete

TITLE
NAME
105 Field Ave E
STREET ADDRESS
Venice, FL 34285 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Micki R. Gette, E.D. 2/5/08 741-809-3704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #