

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072866

Entity Name: MICK'S FLOWER BOX, INC.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

520 VALENCIA ROAD  
VENICE, FL 34285

## Current Mailing Address:

520 VALENCIA RD  
VENICE, FL 34285

## New Mailing Address:

FEI Number: 65-1129538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, GREGORY C ESQ.  
341 VENICE AVE. WEST  
VENICE, FL 34285 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: PDS ( ) Delete  
Name: GETTE, MICKI R  
Address: 520 VALENCIA RD  
City-St-Zip: VENICE, FL 34285

Title: VTD ( ) Delete  
Name: ROUVET, MARIJANE D  
Address: 105 FIELD AVE E  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICKI R. GETTE

PDS

03/02/2009

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

\_\_\_\_\_  
Date