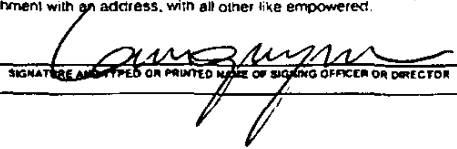


FILED
Jul 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 047 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000039421			
1. Entity Name COLLEGE PARK FLORAL & DESIGN, INC.			
Principal Place of Business 4353 EDGEWATER DRIVE ORLANDO, FL 32804		Mailing Address 1221 E ROBINSON ST ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 105 E SR 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINTER SPRINGS FL	
Zip	Country	Zip	Country
		32708	USA
4. FEI Number 45-0509851		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONG, DAVID 1221 E ROBINSON ST ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 E SR 434 City WINTER SPRINGS FL Zip Code 32708	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (Typed Registered Agent's signature required when the state is)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 STREET ADDRESS CITY-ST-ZIP	DP NGUYEN, LAN TRAN 6612 MOGUL CT. ORLANDO, FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X 		6/25/07 Date Daytime Phone #	

ATTACHMENT

5/28/07

66020056

P03000039421

Dear Sir / Madam

DURING my family have a sadness time, my brother in law ~~go~~ went in the hospital for his sickness from April 2007 and pass away on May 16-2007. I have to help my sister take care all needs since he is in the hospital and his funeral and continue..... Please Waive me a fee for me to send in late. I am very appreciate that you help me.

Sincerely

Langquyn

owner of College Park Florist/Floral & Design

407-299-6014