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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.

66020056

Principal Place of Business
4353 EDGEWATER DRIVE
ORLANDO, FL 32804
6612 Mogul Ct
Orlando, FL 32818

Mailing Address
1221 E ROBINSON ST
ORLANDO, FL 32801

04252007 Chg-P CR2E034 (12/06)

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: 32708 / Country: 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 ______________________
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, 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
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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 [signature] 6/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

5/28/07 66020056

#P03000039421

Dear Sir / Madam

During my family have a Sadness time, my brother in law ~~is~~ 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

Langquyen

owner of College Park Florist/Floral & Design

407- 299-6014