

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 035 ***150.00

DOCUMENT # P03000062720	
1. Entity Name ABACUS FLOWERS & GIFTS, INC.	

Principal Place of Business 2171 TAMiami TRAIL PORT CHARLOTTE, FL 33948	Mailing Address 2171 TAMiami TRAIL PORT CHARLOTTE, FL 33948
---	---

60024940



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 47-0933558	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent	
BRADLEY, CAROL A 2171 TAMiami TRAIL PORT CHARLOTTE, FL 33948	

7. Name and Address of New Registered Agent	
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's signature required when certifying) 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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BRADLEY, CAROL A 2171 TAMiami TRAIL PORT CHARLOTTE, FL 33948 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST BRADLEY, PETER F 2171 TAMiami TRAIL PORT CHARLOTTE, FL 33948 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-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: Car Bradley **02.26.08.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date