# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# P03000139884

**Entity Name:** AMERICAN FLORIST OF NORTH PORT INC.

**Current Principal Place of Business:**

1090 INNOVATION AVE UNITA112
NORTH PORT, FL 34289 US

**New Principal Place of Business:**

1050 CORPORATE AVE
UNIT 100
NORTH PORT, FL 34289 US

**Current Mailing Address:**

1337 KENSINGTON STREET
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number: 20-0456614** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOUISE, RONEN
21309 COVINGTON AVE
PORT CHARLOTTE, FL 33952 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: P,S ( ) Delete
Name: ANDERSON-BROWN, ROBIN
Address: 1337 KENSINGTON STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBIN ANDERSON BROWN OWNE 04/27/2009

Electronic Signature of Signing Officer or Director Date