

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012963

Entity Name: ELLENTON COUNTRY FLORIST, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

7018 US 301 N
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

4611 OLIVER MANNOR DRIVE
PARRISH, FL 34201

New Mailing Address:

2302 123RD PLACE E
PARRISH, FL 34219

FEI Number: 20-0624028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARA, WILSON
4611 OLIVER MANNOR DRIVE
PARRISH, FL 34201 US

Name and Address of New Registered Agent:

WILSON, SARA M
2302 123RD PLACE E
PARRISH, FL 34219 US

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: SARA M. WILSON

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, SARA
Address: 4611 OLIVER MANNOR DRIVE
City-St-Zip: PARRISH, FL 34201

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, SARA M
Address: 2302 123RD PLACE E
City-St-Zip: PARRISH, FL 34219

Title: VP () Change (X) Addition
Name: WILSON, SCOTT M
Address: 2302 123RD PLACE E
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA M. WILSON

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date