

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 017 ***150.00

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1. Entity Name

FLORAL ELEGANCE, INC.



Principal Place of Business

5418 ASHTON COURT
#5
SARASOTA FL 34233
US

Mailing Address

5418 ASHTON COURT
#5
SARASOTA FL 34233
US



2. Principal Place of Business

5418 Ashton Ct
Suite, Apt. #, etc.
#5

3. Mailing Address

5418 Ashton Ct
Suite, Apt. #, etc.
#5

1st MOORE

CR2E034 (10/05)

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

90-0141167

Applied For

Not Applicable

Zip

34233

Country

Sarasota

Zip

34233

Country

Sarasota

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

6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A
1800 SECOND STREET
SUITE 803
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Stephanie Reinicke
Street Address (P.O. Box Number is Not Acceptable)
1800 Second St
Suite # 803
City Sarasota FL Zip Code 34236

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 STEPHANIE REINICKE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-13-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRES ☒ Delete
NAME PINI-SAVOIE, GINA A
STREET ADDRESS 7629 PINE VALLEY ST.
CITY-ST-ZIP BRADENTON FL 34202

TITLE V-P ☒ Delete
NAME SAVOIE, PIERRE
STREET ADDRESS 7629 PINE VALLEY ST.
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Mark Kelso
STREET ADDRESS 5391 90th Ave Cir E
CITY-ST-ZIP Parrish FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark Kelso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #