

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000411

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: ABERCROMBIE'S DOWNTOWN FLORIST, INC.

**Current Principal Place of Business:**

144 AVE. B S.W.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

200 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

144 AVE. B S.W.  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

200 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880 US

FEI Number: 20-2093176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABERCROMBIE, GREG A  
108 LOWELL RD.  
WINTER HAVEN, FL 33884 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,T ( ) Delete  
Name: ABERCROMBIE, GREG A  
Address: 108 LOWELL RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP,S ( ) Delete  
Name: ABERCROMBIE, MINDY R  
Address: 108 LOWELL RD.  
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MINDY ABERCROMBIE

VP

07/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date