

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000087957

1. Entity Name

MC COY'S NORTH PORT FLORAL COMPANY, INC.



Principal Place of Business

13035 TAMIAMI TRAIL
NORTH PORT, FL 34287

Mailing Address

13035 TAMIAMI TRAIL
NORTH PORT, FL 34287



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3817151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDLEY, TONYA
13564 TAMIAMI TRAIL
NORTH PORT, FL 34287

**DO NOT WRITE
IN THIS SPACE**

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

Tonya Medley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, MICHELE C
STREET ADDRESS	726 EL RIO
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	VST
NAME	MEDLEY, TONYA
STREET ADDRESS	13564 TAMIAMI TRAIL
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/14/07-80001-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Tonya G. Medley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-07

Date

941-429-0177

Daytime Phone #