

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90110 047 ***150.00

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1. Entity Name
FLOWERS AND ARRANGEMENTS BY DESUE INC.



Principal Place of Business
590 QUEENS HARBOR DRIVE
JACKSONVILLE, FL 32225

Mailing Address
590 QUEENS HARBOR DRIVE
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE



04212007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3676798

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERALD P. JONES, CPA, PA
435 CLARK RD
SUITE 107
JACKSONVILLE, FL 32218

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D
NAME SPENCER, CHARLES
STREET ADDRESS 590 QUEENS HARBOR DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE V,D
NAME DESUE, GERALD
STREET ADDRESS 1032 A. PHILLIP RANDOLPH
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE TS D
NAME SPENCER, ELAINE
STREET ADDRESS 590 QUEENS HARBOR DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/07