

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000061549

1. Entity Name
DAFFODILS GIFT SHOPPE, INC.



Principal Place of Business
**14965 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32256**

Mailing Address
**14965 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32256**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4837177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, TOMMY D
6942 SALAMANCA AVE
JACKSONVILLE, FL 32217**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000817259
02/14/08-80086-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COHEN, TOMMY D
STREET ADDRESS 6942 SALAMANCA AVE
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE STD
NAME COHEN, VICKI
STREET ADDRESS 6942 SALAMANCA AVE
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VPD
NAME HOWELLS, ANNE
STREET ADDRESS 4545 KINCARDINE DR
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Tommy Cohen

1/16/08