
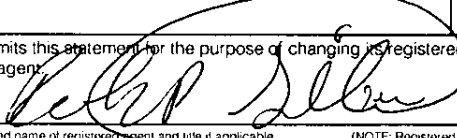
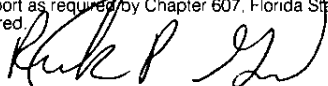


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 041 ***150.00

DOCUMENT # P06000105085					
1. Entity Name GULFPORT FLORIST, INC.					
Principal Place of Business 2820 BEACH BOULEVARD SOUTH GULFPORT, FL 33707 US			Mailing Address 2820 BEACH BOULEVARD SOUTH GULFPORT, FL 33707 US		
2. Principal Place of Business - No P.O. Box 1410 58th Street South		3. Mailing Address 1410 58th Street South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gulfport, FL		City & State Gulfport, FL		4. FEI Number 20-5378489	
Zip 33707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, RICK P 3114 59TH STREET SOUTH 414 GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D <input type="checkbox"/> Delete GILBERT, RICK P 3114 59TH STREET SOUTH, UNIT 414 GULFPORT, FL 33707				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,D <input type="checkbox"/> Delete ORAVECZ, KATHRYN 3114 59TH STREET SOUTH, UNIT 414 GULFPORT, FL 33707				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Rick P Gilbert  4-29-08 727-328 1917					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					