

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041729

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: MARGO'S BALLOONS, BASKETS & FLORAL, INC.

## Current Principal Place of Business:

451 W GAINES STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

451 W GAINES STREET  
TALLAHASSEE, FL 32301

## New Mailing Address:

P.O. BOX 14562  
TALLAHASSEE, FL 32317

FEI Number: 59-3736073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THURSTON, LEWIS S  
451 W GAINES STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

MASHBURN-THURSTON, MARGARET W  
2532 WHISPER WAY  
TALLAHASSEE, FL 32308 US

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: MARGARET W MASHBURN-THURSTON

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASHBURN-THURSTON, MARGARET  
Address: 2532 WHISPER WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCFO ( ) Delete  
Name: THURSTON, LEWIS  
Address: 2532 WHISPER WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete  
Name: FAGG, SHALONDA  
Address: 2513 MARS COURT  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASHBURN-THURSTON, MARGARET W  
Address: 2532 WHISPER WAY  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: V (X) Change ( ) Addition  
Name: FAGG, SHALONDA  
Address: 58 CHURCHILL DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LEWIS S THURSTON

VCFO

02/26/2009

Electronic Signature of Signing Officer or Director

Date