2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State 03-17-2008 90025 035 ***150.00

DOCUMENT # P07000088806 1. Entity Name LIZ STEWART FLORAL DESIGN, INC.						A Company	03-17-2008	30023	, 033 1	30.00
Principal Place of Business Mailing Address 1059 BEACH BLVD. 1059 BEACH BLVD. IACKSONVILLE BEACH, FL 32250 IACKSONVILLE BEACH, FL 32250						66005456				
Principal Place of Business - No P.O. Box # Malling Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01232008	Chg-P	CR2E	034 (12/06)	
City & State			City & State		4. FEI Numb	32506	96	 	plied For t Applicable	
Ζiρ	Country		Zip Coun		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
STEWART, ELIZABETH S. 1059 BEACH BLVD.					Street Address (P.O. Box Number is Not Acceptable)					
		ACH, FL 32250			<u> </u>				 -	
					City			FI	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 Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent aignature required when ranationing) DATE										
FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	IN 11
TITLE	DP	T ELIZADETH C	☐ Delete	TITL	- 1				☐ Change	Addition
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NAME STREET LANGUAGE]			NAI STS	ME BET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 receivation-hustree 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 attacpment unity and during with all other like empowered.										
SIGNATURE: 3.14.08 904.246.000										
SIGNATURE: DELINATOR AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DELICION DELINION DELINI										