2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# P07000098369

Entity Name: FLORIST OF REUNION INC.

Current Principal Place of Business:

1615 US HIGHWAY 17-92
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

1615 US HIGHWAY 17-92
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 26-0809362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKMON, KEVIN
7561 OSCEOLA POLK LINE RD.
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACKMON, KEVIN
Address: 7561 OSCEOLA POLK LINE RD.
City-St-Zip: KISSIMMEE, FL 34747

Title: VD ( ) Delete
Name: BLACKMON, MARONICA
Address: 7561 OSCEOLA POLK LINE RD.
City-St-Zip: KISSIMMEE, FL 34747

Title: SD ( ) Delete
Name: SHORT, CAROLYN
Address: 112 REEVES RD.
City-St-Zip: TRENTON, GA 30752

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLACKMON, KEVIN
Address: 1615 US HWY 17/92
City-St-Zip: DAVENPORT, FL 33897

Title: VD (X) Change ( ) Addition
Name: BLACKMON, MARONICA
Address: 1615 US HWY 17/92
City-St-Zip: DAVENPORT, FL 33837

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

Title: TR ( ) Change (X) Addition
Name: HERBERT, MIDDLEBROOKS SR
Address: 18 PAMELA LANE
City-St-Zip: TRENTON, GA 30752

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: KEVIN BLACKMON PD 08/20/2008

Electronic Signature of Signing Officer or Director Date