

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114549

Entity Name: CROSS CITY FLORIST, INC.

FILED
Aug 04, 2009
Secretary of State

Current Principal Place of Business:

97 NE HIGHWAY 351
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

97 NE HIGHWAY 351
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 20-5721342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUTCH, ANELIA
97 NE HIGHWAY 351
CROSS CITY, FL 32628 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: PRES () Delete
Name: FUTCH, ANELIA E PRESIDE
Address: 97 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628 US

Title: VICE () Delete
Name: FUTCH, SAMUEL B VICE PR
Address: 97 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANELIA FUTCH

PRES

08/04/2009

Electronic Signature of Signing Officer or Director

Date