

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066008

Entity Name: AVE MARIA FLORIST INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

5068 ANNUNCIATIN CIRCLE, AVE.
AVE MARIA, FL 34142

New Principal Place of Business:

5068 ANNUNCIATION CIRCLE, AVE.
AVE MARIA, FL 34142

Current Mailing Address:

5068 ANNUNCIATIN CIRCLE, AVE.
AVE MARIA, FL 34142

New Mailing Address:

5068 ANNUNCIATION CIRCLE, AVE.
AVE MARIA, FL 34142

FEI Number: 26-2943077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRYALS, EVELYN B
705 ESCAMBIA STREET
IMMOKALEE, FL 34142 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRYALS, EVELYN B
Address: 705 ESCAMBIA ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: KERSEY, FRANKIE N
Address: 1500 CR 585
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: THOMAS, RUTH
Address: 6560 BEACH RESORT DR.
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EVELYN B. WRYALS

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02/12/2009

Electronic Signature of Signing Officer or Director

Date