

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109430

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** FLORAL ARTISTRY OF THE ISLANDS INC

**Current Principal Place of Business:**

2400 PALM RIDGE ROAD  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

2400 PALM RIDGE ROAD  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 26-3898874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TELECKA, JANA  
1751 RED CEDAR DRIVE  
2  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

TELECKA, JANA  
13685 BALD CYPRESS CIRCLE  
FORT MYERS, FL 33907 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/10/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TELECKA, JANA  
Address: 13685 BALD CYPRESS CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: JANA TELECKA

PD

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date