

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047097

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** D-KAY WHOLESALE FLORIST, INC.

**Current Principal Place of Business:**

4640 SUB CHASER CT.,  
UNIT #101  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

3209 TIMBERTRAIL CT.  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

**FEI Number:** 27-0273580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOWNSEND, DEBORAH  
3209 TIMBERTRAIL CT.  
ORANGE PARK, FL 32065 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

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** TOWNSEND, DEBORAH  
**Address:** 3209 TIMBERTRAIL CT.  
**City-St-Zip:** ORANGE PARK, FL 32065 US

**Title:** VD  
**Name:** TOWNSEND, DAVID  
**Address:** 3209 TIMBERTRAIL COURT  
**City-St-Zip:** ORANGE PARK, FL 32065 US

**Title:** TRES  
**Name:** TOWNSEND, RUSSELL S  
**Address:** 3209 TIMBERTRAIL COURT  
**City-St-Zip:** ORANGE PARK, FL 32065

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:** DEBORAH K. TOWNSEND

PSD

02/13/2012

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

\_\_\_\_\_  
Date