

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000001871

1. Entity Name  
FLOWERS GALORE, INC.



Principal Place of Business

~~7205 WAELETH DRIVE~~ *800 Kerry Downs Circle*  
MELBOURNE, FL 32940

Mailing Address

800 KERRY DOWNS CIR  
MELBOURNE, FL 32940 US

FILED

2008 SEP 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3151175

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEGRAAF, ARIE  
~~7205 WAELETH DRIVE~~ *800 Kerry Downs Circle*  
MELBOURNE, FL 32940

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

00135979056  
9/15/08--01037--001 \*\*\$560.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME D  
STREET ADDRESS DEGRAAF ARIE  
CITY-ST-ZIP 800 KERRY DOWNS CIRCLE  
MELBOURNE, FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/08