## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012301

Entity Name: OUTA MA TREE FLORIST, INC.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8555 BUCCANEER SQ 8555 W HILLSBOROUGH AVE TAMPA, FL 33615

**BUCCANEER SQ** TAMPA, FL 33615

**Current Mailing Address:** New Mailing Address:

8555 BUCCANEER SQ 8555 W HILLSBOROUGH AVE TAMPA, FL 33615

**BUCCANEER SQ** TAMPA, FL 33615

FEI Number: 59-3169896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADWELL, MARION 8555 BUĆCANEER SQ TAMPA, FL 33615

ADWELL, MARION 8555 W HILLSBOROUGH AVE TAMPA, FL 33615

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: MARK ADWELL 05/01/2008

> 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition Title:

ADWELL, MARION C Name: Name: 8332 ARCHWOOD CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33615 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: MARK ADWELL MR 05/01/2008