

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90034 020 ***150.00

DOCUMENT # P93000003615

1. Entity Name

ENSLEY FLOWER'S INC.



Principal Place of Business

9180 NOPALAFEX HWY
PENSACOLA FL 32534
US

Mailing Address

9180 N PALAFOX HWY
~~32534~~
PENSACOLA FL ~~32534~~
US

32534



2. Principal Place of Business

3. Mailing Address

9180 N. Palafox Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

Pensacola, Fla.

4. FEI Number

59-3159869

Applied For

Not Applicable

Zip

Country

Zip

Country

32534 Esunbin

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODD, DOROTHY L
ENSLEY FLOWER'S INC
9180 N PALAFOX HWY
PENSACOLA FL 32534

Name

DOROTHY ANN ROY

Street Address (P.O. Box Number is Not Acceptable)

ENSLEY FLOWERS INC.

9180 N. Palafox Hwy

City

Pensacola, FL

FL

Zip Code

32534

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

Donna Ann Roy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME DODD, DOROTHY L
STREET ADDRESS 8910 WESTSIDE DR.
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☒ Change ☐ Addition
NAME Pd. President
ROY, DONNA ANN
STREET ADDRESS 8991 GONZA RD. PENSACOLA, FLA
CITY-ST-ZIP 32507

TITLE TD ☒ Delete
NAME DODD, RICHARD W
STREET ADDRESS 19140 E HIGHLAND DR
CITY-ST-ZIP SAUCIER MS 39574

TITLE ☒ Change ☐ Addition
NAME TP
ROY, DONNA ANN
STREET ADDRESS 8991 GONZA RD PENS. FLA.
CITY-ST-ZIP 32507

TITLE SD ☒ Delete
NAME ROY, DONNA A
STREET ADDRESS P.O BOX 4800
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☒ Change ☐ Addition
NAME SD Roy, DONNA ANN
STREET ADDRESS 8991 GONZA RD PENS. FLA
CITY-ST-ZIP 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donna Ann Roy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 - 850-477-2884

Date

Daytime Phone #