

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90289 018 ***150.00

DOCUMENT # P93000074374

1. Entity Name
COOPERS WAYSIDE FLOWERS, INC.



Principal Place of Business
107 W SUMMIT ST
WAUCHULA, FL 33873

Mailing Address
PO BOX 730
WAUCHULA, FL 33873

00025733



02092006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0443714
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERT, KENNETH A
1013 BRIARWOOD DR
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

04-06-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, KENNETH A	
STREET ADDRESS	1013 BRIARWOOD DR	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, RANDY L	
STREET ADDRESS	811 ARROWHEAD LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, JANET L	
STREET ADDRESS	811 ARROWHEAD LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBERT, EILEEN M	
STREET ADDRESS	1013 BRIARWOOD DR	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Jessica Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06
Date

863-773-4864
Daytime Phone #