

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000088595

1. Entity Name
FLOWER SHOP OF THE ISLANDS, INC.



Principal Place of Business

2449 PEREWINKLE WAY
SANIBEL, FL 33957 US

Mailing Address

P.O BOX 1625
SANIBEL, FL 33957 US

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 007 ***150.00

50011370



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0714815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLBV, ALFRED A
~~101 EAST KENNEDY BLVD.~~ 305 South Blvd
~~SUITE 3140~~
TAMPA, FL ~~33602-515~~ 33606

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

3/27/06

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	D
NAME	MCCLURE, NANCY
STREET ADDRESS	1602 SERENITY LN.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	MCCLURE, MICHAEL
STREET ADDRESS	1602 SERENITY LN.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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: Michael P. W. McClure Michael McClure 2-4-06 239-472 3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #