

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000088595**

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



**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

**1633 PEREWINKLE WAY  
SUITE D  
SANIBEL, FL 33957 US**

Mailing Address

**P.O BOX 1625  
SANIBEL, FL 33957 US**



04052008 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  
305 SOUTH BLVD  
TAMPA, FL 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U00000900447  
04/23/08-80028-023 150.00**

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

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 McClure* Michael McClure 4-14-08 (239) 472-3907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #