

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90559 035 ***150.00

DOCUMENT # P96000098180

1. Entity Name
CLERMONT FLORIST, INC.



Principal Place of Business

**167 N US 27
CLERMONT, FL 34711 US**

Mailing Address

**167 N US 27
CLERMONT, FL 34711 US**

2. Principal Place of Business

160 Chestnut Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 121552

Suite, Apt. #, etc.

City & State
Clermont, FL

Zip
34711

Country

City & State
Clermont, FL

Zip
34712

Country

04222005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3215280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, MARIO A
225 E. ROBINSON STREET, SUITE 540
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
Joseph Smith

Street Address (P.O. Box Number is Not Acceptable)
1145 Monteagle Circle

City
Apopka

FL Zip Code
32712

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOYD, ANITA
2832 SMU BLVD.
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
SMITH, JOSEPH
1145 MONTEAGLE CIR
APOPKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
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CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #