

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000008978		
1. Entity Name TRACY'S FLORIST, INC.		
Principal Place of Business 1430 E ATLANTIC BLVD POMPANO BEACH, FL 33060 US		Mailing Address 1430 E ATLANTIC BLVD POMPANO BEACH, FL 33060 US
DO NOT WRITE IN THIS SPACE		



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0722977	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSHING, MIKE 1430 E ATLANTIC BLVD POMPANO BEACH, FL 33060		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 renewing.) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHING, TRACY L 1430 E ATLANTIC BLVD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHING, MICHAEL W 1430 E ATLANTIC BLVD POMPANO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/08-80087-014 150.00**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 110, 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 signature if so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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