


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000086788**  
1. Entity Name  
A-FLORAL DELIVERY SERVICE, INC.



Principal Place of Business      Mailing Address  
3210 TENNESSEE TERRACE      3210 TENNESSEE TERRACE  
ORLANDO, FL 32806              ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**



04132007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3469235**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
SCHILD, CHRISTOPHER J  
3210 TENNESSEE TERRACE  
ORLANDO, FL 32806

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	SCHILD, CHRISTOPHER J
STREET ADDRESS	3210 TENNESSEE TERRACE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000726752  
05/04/07-80013-025 150.00

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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: Christopher J. Schild      4/20/07      407-592-3703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #