

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013949

FILED
Feb 02, 2010
Secretary of State

Entity Name: ABAGAIL'S FLORIST OF FORT PIERCE, INC.

Current Principal Place of Business:

5184 FEEDER RD., LAKEWOOD PARK PLAZA
FT. PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

5184 FEEDER RD., LAKEWOOD PARK PLAZA
FT. PIERCE, FL 34951

New Mailing Address:

FEI Number: 65-0889117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHISTLER, CINDY
1290 SE NANCY LANE
PT. ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: WHISTLER, CINDY
Address: 1290 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP
Name: WHISTLER, ROSS
Address: 1290 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TRES
Name: BECRAFT, TINAMARIE V TRES
Address: 1290 SE NANCY LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CINDY WHISTLER

PRES

02/02/2010

Electronic Signature of Signing Officer or Director

Date