

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000013949

**FILED**  
**Mar 04, 2011**  
**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

**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

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

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date