

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 PM 12:43

B 9/15/08



09082008 Chg-P CR2E034 (12/06)

DOCUMENT # P99000019904
1. Entity Name
FLORALS BY MICHAEL, INC.



Principal Place of Business
1603 JOHN SIMS PKWY
NICEVILLE, FL 32578 US

Mailing Address
1603 JOHN SIMS PKWY
NICEVILLE, FL 32578 US

2. Principal Place of Business - No P.O. Box #
Niceville FL
Suite, Apt. #, etc.

3. Mailing Address
1603 John Sims Pkwy
Suite, Apt. #, etc.

City & State
Niceville

City & State
Niceville

Zip
32578 Country
USA

Zip
32578 Country
USA

4. FEI Number
65-0905154

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
REDMAN, MICHAEL L
17 CHOCTAWHATCHEE RD SE
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
Name
Michael Redman

Street Address (P.O. Box Number is Not Acceptable)
3955 Hickory St.

City
Niceville FL Zip Code
32578

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 *Michael Redman* DATE *9.12.08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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	P REDMAN, MICHAEL L 1603 JOHN JIMS PKWY NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(Handwritten)</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Redman* DATE: *9.12.08* Daytime Phone #: *850799004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 2 of 2

Carole Anderson
OPS

Letter Number: 808A00049082

Please note
I called about
this and the only
people with it saw was
me by Sept. 3rd/2002
was told to
1st. City Park keeper
has been out for
about 4 months
and he's
on hand

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314