

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 15 PM 12:43

B 9/15/08



09082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0905154 Applied For Not Applicable

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

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  
3. Mailing Address 1603 JOHN SIMS PKWY  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State NICEVILLE FL  
Zip 32578 Country USA  
City & State NICEVILLE FL  
Zip 32578 Country USA

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

7. Name and Address of New Registered Agent  
Name: MICHAEL L 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: [Signature] DATE: 9.12.08  
(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                     |                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>REDMAN, MICHAEL L<br>1603 JOHN JIMS PKWY<br>NICEVILLE, FL 32578 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>600136160026<br>09/19/08-01045-019 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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: [Signature] DATE: 9.12.08 DAYTIME PHONE: 8507290004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 2 of 2

Carole Anderson  
OPS

Letter Number: 808A00049082

Please note  
it called about  
this and the only  
info we had of saw was  
due by Sept. 3rd/ 2002  
was told to 1st  
city park keeper  
has been out for  
about 4 months  
due to a fall  
on hand

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