2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000037648

1. Entity Name

ALBERT'S FLORIST AT TIMBER PINES, INC.



FILED Feb 11, 2008 08:00 Al Secretary of State

352 686-1900

Daytime Phone #

Principal Place of Business

2721 FOREST RD. SPRING HILL, FL 34606 Malling Address

2721 FOREST RD. SPRING HILL, FL 34606



DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SK

SIGNATURE: _

TAVOLARO, ALBERT F 2721 FOREST RD. SPRING HILL, FL 34606

DO NOT WRITE 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_	Signature, typed or printed name of registered agent and title if	s required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVOLARO, ALBERT F 2721 FOREST RD. SPRING HILL, FL 34606		,		U00000824074 02/20/08-80063-014 150.00
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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					

NING DEFICER OR DIRECTOR