

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000088627 1. Entity Name CREVASSE'S FLORIST OF GAINESVILLE, INC.	
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Principal Place of Business 2441 NW 43 STREET STE 20 GAINESVILLE, FL 32606	Mailing Address 1920 NW 12TH ROAD GAINESVILLE, FL 32605
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3601118	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent J. LAMAR CREVASSE 1920 NW 12TH ROAD GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000908953 05/06/08-80051-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVASSE, LAMAR 1920 NW 12TH ROAD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVASSE, BARBARA 1920 NW 12TH ROAD GAINESVILLE, FL 32605
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TITLE NAME STREET / CARESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 recorder 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: Barbara Crevasse Barbara Crevasse 4/18/08 352-376-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #