

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90006 015 \*\*\*150.00

**DOCUMENT # S04663**

1. Entity Name

SEMINOLE FLOWER SHOP, INC.



Principal Place of Business

2565 PARK DRIVE  
SANFORD FL 32773

Mailing Address

2565 PARK DRIVE  
SANFORD FL 32773



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-3037174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLOSKI, STANLEY A  
2619 SOUTH FRENCH AVE  
SANFORD FL 32773

Name

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

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME POLOSKI, STANLEY A  
STREET ADDRESS 2619 S FRENCH AVE  
CITY-ST-ZIP SANFORD FL

TITLE D ☐ Delete  
NAME POLOSKI, BELINDA G  
STREET ADDRESS 2619 S FRENCH AVE  
CITY-ST-ZIP SANFORD FL

TITLE D ☐ Delete  
NAME MCKIBBIN, ANN  
STREET ADDRESS 2619 S. FRENCH AVE.  
CITY-ST-ZIP SANFORD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Poloski, Stanley A. ☒ Change ☐ Addition  
NAME 2565 Park Dr.  
STREET ADDRESS Sanford, FL 32773  
CITY-ST-ZIP

TITLE Poloski, Belinda G. ☒ Change ☐ Addition  
NAME 2565 Park Dr.  
STREET ADDRESS Sanford, FL 32773  
CITY-ST-ZIP

TITLE McKibbin, Ann ☒ Change ☐ Addition  
NAME 2565 Park Dr.  
STREET ADDRESS Sanford, FL 32773  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Debra Ann McKibbin Debra Ann McKibbin 01/25/08 (407) 323-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #