

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04663

FILED
Jan 07, 2009
Secretary of State

Entity Name: SEMINOLE FLOWER SHOP, INC.

Current Principal Place of Business:

2565 PARK DRIVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2565 PARK DRIVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3037174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLOSKI, STANLEY A
2619 SOUTH FRENCH AVE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

POLOSKI, STANLEY A
2565 PARK DRIVE
SANFORD, FL 32773 US

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.

SIGNATURE: _____

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLOSKI, STANLEY A
Address: 2565 PARK DR.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: POLOSKI, BELINDA G
Address: 2565 PARK K DR.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: MCKIBBIN, ANN
Address: 2565 PARK DR.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: POLOSKI, STANLEY A
Address: 2565 PARK DR.
City-St-Zip: SANFORD, FL 32773

Title: O (X) Change () Addition
Name: POLOSKI, BELINDA G
Address: 2565 PARK K DR.
City-St-Zip: SANFORD, FL 32773

Title: O (X) Change () Addition
Name: MCKIBBIN, ANN
Address: 2565 PARK DR.
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY A. POLOSKI

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date