

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15669

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** LASATER FLOWERS, INC.

**Current Principal Place of Business:**

220 WEST CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 WEST CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number:** 59-3107175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAZELWOOD, MARY CHRISTINE  
220 WEST CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** HAZELWOOD, MARY CHRISTINE  
**Address:** 2109 EDGEWATER CIRCLE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** T  
**Name:** HAZELWOOD, HARRY W TREAS  
**Address:** 2109 EDGEWATER CIRCLE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** VP  
**Name:** LENNOX, CHAD  
**Address:** 220 WEST CENTRAL AVE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** VP  
**Name:** LENNOX, KEIRA  
**Address:** 220 WEST CENTRAL AVENUE  
**City-St-Zip:** WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

**SIGNATURE:** HARRY W. HAZELWOOD

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04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date