2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65154

HERSHEY FLORISTS. INC.

FILED Jan 15, 2008 Secretary of State

| Entity Nar | ne: HERSHI | EY FLORISTS, INC. | | | |
|---|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 813 13TH S ST CLOUE | ST D, FL 34769 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 813 13TH S ST CLOUE | ST D, FL 34769 | | | | |
| FEI Number: | 59-3142483 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| | ST D, FL 34769 | US | | | |
| | named entity of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | | nic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (REEG, MIRIAN 813 13TH ST ST CLOUD, FI | , | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD (VISCOMI, JAN 813 13TH ST ST CLOUD, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: JAMI S. VISCOMI PD 01/15/2008