

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38462

**Entity Name:** FIELD OF FLOWERS, INC.

**Current Principal Place of Business:**

5123 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**Current Mailing Address:**

5123 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

**FEI Number:** 65-0180887

**Certificate of Status Desired:** No

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

FLIPSE, DONN F  
1800 N BAYSHORE DR  
APT 2815  
MIAMI, FL 33132 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	CEO	Title	ST
Name	FLIPSE, DONN F	Name	FLIPSE, DONN K
Address	1800 N BAYSHORE DR APT 2815	Address	2025 SECOFFEE STREET
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	CORAL GABLES FL 33133

*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:** DONN F FLIPSE

CEO

04/26/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date