

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000017738

**Entity Name:** ALL CITY FLORIST, INC.

**Current Principal Place of Business:**

316 W. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

316 W. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**FEI Number:** 59-3362587

**Certificate of Status Desired:** No

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

PUZYCKI, SUSAN M  
316 W. NEW HAVEN AVENUE  
MELBOURNE, FL 32901 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 D  
Name PUZYCKI, SUSAN MPRES.  
Address 511 EDWARDS ROAD  
City-State-Zip: W. MELBOURNE FL 32904

Title D  
Name HIGGINBOTHAM, PAMELA YSECT.  
Address 280 SILVER OAK ROAD, NE  
City-State-Zip: PALM BAY FL 32907

*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:** PAMELA HIGGINBOTHAM

**SECARTARY**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date