

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070753

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: 50 FIFTY FLORAL ART, INC.

**Current Principal Place of Business:**

4646 DOMESTIC AVENUE  
104  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

4646 DOMESTIC AVE  
104  
NAPLES, FL 4 US

**New Mailing Address:**

FEI Number: 59-3466759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHANABARGER, EDWARD L  
1984 CLARK COURT  
NAPLES, FL 34112 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHANABARGER, EDWARD L  
Address: 1984 CLARK COURT  
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete  
Name: HUDDLESTON, MATTHEW  
Address: 800 I MEADOWLANE DR  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MATTHEW HUDDLESTON

VP

02/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date