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: DEBORAH S KORMANN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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				[	
Officer/Director Detail :					
Title	DCP	Title	DVST		
Name	KORMANN, ROBERT W	Name	KORMANN, DEBORAH S		
Address	2171 TAMIAMI TRL 1	Address	2171 TAMIAMI TRAL 1		
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952		

### DOCUMENT# P03000057198 Entity Name: PORT CHARLOTTE FLOWER MART INCORPORATED

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

2171 TAMIAMI TRL 1 PORT CHARLOTTE, FL 35952

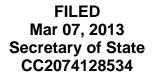
# **Current Mailing Address:**

P.O. BOX 496308 PORT CHARLOTTE, FL 33949

# FEI Number: 65-1195170

### Name and Address of Current Registered Agent:

KORMANN, ROBERT W 2171 TAMIÁMI TRL 1 PORT CHARLOTTE, FL 33952 US



Date

03/07/2013 Date