

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057198

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** PORT CHARLOTTE FLOWER MART INCORPORATED

**Current Principal Place of Business:**

2401- TAMIAMI TRL  
C  
PORT CHARLOTTE, FL 35952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 496308  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 65-1195170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KORMANN, ROBERT W  
2401- TAMIAMI TRL  
C  
PORT CHARLOTTE, FL 33952 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: DCP  
Name: KORMANN, ROBERT W  
Address: 2401-C TAMIAMI TRL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DVST  
Name: KORMANN, DEBORAH S  
Address: 2401-C TAMIAMI TRAL  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

VP

03/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date