


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741389**  
 1. Entity Name  
**WIRA CHRISTMAS KIDS, INC.**



Principal Place of Business      Mailing Address  
 8245 BUSINESS PARK DR.      1302 NEBRASKA AVE 6B  
 PORT ST. LUCIE, FL 34952 US      FT PIERCE, FL 34950

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-1829834**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCNEIL, GRACE  
 1302 NEBRASKA AVE  
 BLDG 6 APT B  
 FT. PIERCE, FL 34950

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLUTTER, PAULINE 1463A CAPTAINS WALK FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCNEIL, GRACE 1302 NEBRASKA AVE 6B FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDVP BURCHFIELD, ED 626 KEARNEY ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WYATT, GREG & CAROL 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WILSON, JANE 2125 ESPLANADE WEST FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000081732  
 03/08/04-80162-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Grace McNeil      02/15/04      (772) 461-2506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #