2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State
08-23-2004 90023 029 ***150.00

66433273

MOORE CR2E034 (4/04)

DOCUMENT # P03000081858

1. Entity Name
BEST CARDS & GIFTS, INC.

Principal Place of Business	Mailing Address
114 HOURGLASS DR VENICE FL 34293	114 HOURGLASS DR VENICE FL 34293

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 47-0925916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WYLIE, LAURA L
114 HOURGLASS DR
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLIE, LAURA L 114 HOURGLASS DR VENICE FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN C WYLIE 114 HOURGLASS DR VENICE, FL 34293	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: Laura L. Wylie 8-18-04 941 493 8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~Attachment~~ 66433273

Dear Sir; August 18, 2004

I just Incorporated and thought all fees were paid at that time.

I understand a postcard was sent to me. Please excuse my mistake and accept my check for 150.00

Sincerely,

Laura L. Wylie

Laura L. Wylie
Best Cards and Gift, Inc
114 Hourglass Drive
Venice, Fl 34293

DOC # P03000081858

Attachment

Sept 3, 2004

66433273

#P03000081858

Dear Sir,

I am asking to have the $400. late fee waved because I did not receive the annual report notice. I have sent my check for $150. Please let me know if you will do this for me. This is in refrence to your letter 504A00052336

Lana Wylie
114 Hourglass Dr
Venice, FL 34293