

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90689 001 \*\*\*150.00

DOCUMENT # P95000045115  
 1. Entity Name  
 SPECIALTY GIFTS OF SWFL, INC.



Principal Place of Business      Mailing Address  
 1118 S.E. 21ST ST.      1118 S.E. 21ST ST.  
 CAPE CORAL, FL 33990 US      CAPE CORAL, FL 33990 US



04272004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0589191      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DORING, LOUIS C III  
 1118 S.E. 21ST ST.  
 CAPE CORAL, FL 33990

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	DORING, EVA I
STREET ADDRESS	118 S.E. 21ST ST.
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	PVST
NAME	DORING, ENA I
STREET ADDRESS	1118 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	DORING, EVA I
STREET ADDRESS	1118 SE 21ST. STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: X Eva I Doring      X 4/29/04      239-989-2909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #