2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 459464

Address:

City-St-Zip:

FILED Jun 24, 2005 Secretary of State

Entity Name: LONG'S GIFT SHOP, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	STREET SOI AVEN, FL 33					
Current Mailing Address:			New Mailing Address:			
	STREET SOI AVEN, FL 33					
FEI Number:	59-1568555	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
427 CORN	DENNIS W. WALL RD. ARK, FL 327	92 US				
The above in the State		submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DV (LONG, GEORG 829 RUGBY S ^o ORLANDO, FL	REET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (LONG, CHRISS 85 LAKE OTIS WINTER HAVE	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (LONG, GEORG 85 LAKE OTIS WINTER HAVE	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DST (LOY, ELIZABE 327 RAINTREE ALTOONA, FL	DRIVE	Title: Name: Address: City-St-Zip:	DV LOY, ELIZAE 327 RAINTR ALTOONA, F	EE DRIVE	
Title: Name:	DV (SHERMAN, MIC) Delete CHELE	Title: Name:	DST SHERMAN, I	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

615 S SADDLE CREEK FARM RD

LAKELAND, FL 33801

SIGNATURE: GEORGE A LONG III DP 06/24/2005

615 S SADDLE CREEK FARM RD

LAKELAND, FL 33801