


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 491487 1. Entity Name STAR GIFTS, INC.					
Principal Place of Business 16000 CHAMBERLIN-8674 SW FLA. INTERNAT'L AIRPORT FT MYERS FL 33913 US			Mailing Address 16000 CHAMBERLIN-8674 SW FL. INTERNATIONAL AIRPORT FT. MYERS FL 33913 US		
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 59-1645708 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACKERMAN, LOIS VOLK 4510 SE 9TH PL CAPE CORAL FL 33904			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST		TITLE	01/27/05-80092-018-150.00	
NAME	COSTELLO, DOROTHY		NAME		
STREET ADDRESS	18150 ADAMS CIR		STREET ADDRESS		
CITY- ST- ZIP	FT. MYERS FL 33913		CITY- ST- ZIP		
TITLE	PD		TITLE		
NAME	ACKERMAN, LOIS VOLK		NAME		
STREET ADDRESS	4510 S E 9TH PL		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL FL 33904		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Lois Ackerman, Pres</i> <i>2015 Ad Kek in 19th</i>					