

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 004 ***158.75

DOCUMENT # F01000003948

1. Entity Name

BRASS & GIFTS WHAREHOUSE, INC.



Principal Place of Business

9501 ARLINGTON EXPRESSWAY, #860
JACKSONVILLE FL 32225

Mailing Address

2875 NORTH BERKLEY LK RD NW
#10
DULUTH GA 30096

2. Principal Place of Business

3. Mailing Address

P.O. Box 2709

Suite, Apt. #, etc.

same as above

Suite, Apt. #, etc.

City & State

City & State

Duluth GA

Zip

Country

Zip

30096

Country

Gwinnett

6. Name and Address of Current Registered Agent

BANSAL, NAVAL
9501 ARLINGTON EXPRESWAY #860
JACKSONVILLE FL 32225

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BANSAL, NAVAL**
STREET ADDRESS **2875 N BERKELEY LAKE RD NW #10**
CITY-ST-ZIP **DULUTH GA**

TITLE **S** ☐ Delete
NAME **NARSHIMAN, NARSI**
STREET ADDRESS **2875 N BERKELEY LAKE RD NW #10**
CITY-ST-ZIP **DULUTH GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/04

770-814-0819