

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 050 ***158.75

DOCUMENT # F97000006578

1. Entity Name

VILLAGE GIFTS, INC.



Principal Place of Business

1151-A GILLS DRIVE, SUITE 800
ORLANDO FL 32824

Mailing Address

6084 PAISLEY DR
NORTH OLINISTED OH 44070
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3476987

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH-PINE-ISLAND ROAD
PLANTATION FL 33324

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GEHRING, JAMES H JR
STREET ADDRESS 1151-A GILLS DRIVE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME 1125 Gills Dr #800
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GEHRING, JAMES H III
STREET ADDRESS 1151-A GILLS DRIVE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME 1125 Gills Dr #800
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BADIK, JENNIFER L
STREET ADDRESS 1151-A GILLS DRIVE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME 1125 Gills Dr #800
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GEHRING, GWYNNE L
STREET ADDRESS 1151-A GILLS DRIVE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME 1125 Gills Dr #800
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James H Gehring Jr

James H Gehring Jr

Date

Daytime Phone #

2-2-05 440 779-7642