


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # G43571
 1. Entity Name
MARILYN'S GIFT GALLERY, INC.



Principal Place of Business 115 RUBY RED LANE LONGWOOD, FL 32750	Mailing Address 8678 H SW 95TH ST H OCALA, FL 34481
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2297407	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent
 WILENSKY, MARILYN
 8678 H SW 95TH ST
 OCALA, FL 34481

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: _____ (no changes)
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 \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILENSKY, MARILYN 8678 H SW 95TH STREET OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILENSKY, MICHAEL 115 RUBY RED LANE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILENSKY, ELLIS 8678 H SW 95TH STREET OCALA, FL 34481
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 02/03/05-80070-016 150.00

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: *Marilyn Wilensky* 2/1/05 352-291-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #