

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H66606

Entity Name
GALLERIA GIFTS, INC.



Principal Place of Business
135 N. 12TH AVE
PENSACOLA, FL 32503 US

Mailing Address
P.O. BOX 30143
PENSACOLA, FL 32503



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2563833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, PRISCILLA L
3455 DUNWOODY DR
PENSACOLA, FL 32503

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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, 2006 Fee will be \$550.00

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

OFFICERS AND DIRECTORS

NAME	DP JACKSON, PRISCILLA L.
STREET ADDRESS	3455 DUNWOODY DRIVE
CITY-STATE-ZIP	PENSACOLA, FL
NAME	DVP JACKSON, ANNIE E
STREET ADDRESS	3455 DUNWOODY DR
CITY-STATE-ZIP	PENSACOLA, FL 32503
NAME	DS JACKSON, CHARLES L.
STREET ADDRESS	3455 DUNWOODY DR
CITY-STATE-ZIP	PENSACOLA, FL
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 01/30/06-80040-013 150.00

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles L. Jackson* **CHARLES L. JACKSON** 1/18/06 850-433-6690
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #