

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90029 039 \*\*\*150.00

**DOCUMENT # H81377**

1. Entity Name  
**GIFTS BY THE BASKET, INC.**



Principal Place of Business

**1015 W BLANN DR  
TAMPA, FL 33603**

Mailing Address

**1015 W BLANN DR  
TAMPA, FL 33603**



09042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2598937**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JANET C  
1015 W BLANN DR  
TAMPA, FL 33603**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

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  
**PVT  
JOHNSON, JANET C.  
1015 W BLANN DR  
TAMPA, FL 33603**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 #

**9-3-05**

ATTACHMENT

50065912

**TO:** Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**DATE:** 9/3/2005

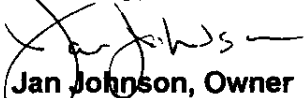
**FROM:** Jan Johnson, Owner,  
Gifts by the Basket, Inc., (Tampa, 813-972-4003)  
Document #H81377

**RE:** 2005 Annual Report

Thank you for your consideration re the 2005 Annual Report.  
My small home-based business, Gifts by the Basket, Inc. has been placed on an "inactive" listing with the State of Florida Dept of Revenue as well as Hillsborough County & the City of Tampa. I anticipate re-activating the business sometime in the near future so if you have a suggestion, please advise.

Thank you for your assistance with processing the enclosed \$150 check.  
I would like to continue as a tax-exempt entity and will follow up with you for additional information.

Sincerely,

  
Jan Johnson, Owner  
Gifts by the Basket, Inc.  
1015 W. Blann Drive  
Tampa, FL 33603

Enclosures