

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90194 016 \*\*\*150.00

**DOCUMENT # M78146**

1. Entity Name

GIFT SPECIALISTS, INC.



Principal Place of Business

1 ENTERPRISE US 1  
SUITE 13 T & C PLAZA  
BUNNELL FL 32110  
US

Mailing Address

P.O. BOX 1866  
PALM COAST FL 32135  
US



2. Principal Place of Business

4982 PALM COAST PKWY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 351866

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PALM COAST FL

City & State

PALM COAST, FL 32135

4. FEI Number

59-2885879

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMLING, RICHARD F.  
8 CLASSIC CT.  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name ELLY M. ENLING

Street Address (P.O. Box Number is Not Acceptable)

8 CLASSIC COURT

City PALM COAST

FL

Zip Code 32137

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

Elly M. Enling

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 C  
NAME EMLING, RICHARD F  
STREET ADDRESS 8 CLASSIC CT.  
CITY-ST-ZIP PALM COAST FL 32137  
☒ Delete DECEASED

TITLE DVST  
NAME EMLING, ELLY M.  
STREET ADDRESS 8 CLASSIC CT.  
CITY-ST-ZIP PALM COAST FL 32137  
☐ Delete

TITLE DP  
NAME EMLING, SHAWN M.  
STREET ADDRESS 2257 WALKERS GLEN LANE  
CITY-ST-ZIP JACKSONVILLE FL 32246  
☐ Delete

TITLE DV  
NAME EMLING, SCOTT W.  
STREET ADDRESS 505 PROSPERITY LAKE AVE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32092  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE DV  
NAME EMLING, SCOTT W.  
STREET ADDRESS 53 BURBANK  
CITY-ST-ZIP PALM COAST, FL 32137  
☒ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elly M. Enling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 386445-3763

DATE

Daytime Phone #