

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 030 ***150.00

DOCUMENT # P00000003211

1. Entity Name
MORNINGSTAR GIFTS & ANTIQUES, INC.



Principal Place of Business
1503 MAIN ST
SARASOTA, FL 34236

Mailing Address
1503 MAIN ST
SARASOTA, FL 34236

2. Principal Place of Business
1619 DESOTO RD.
Suite, Apt. #, etc.

3. Mailing Address
1619 DESOTO RD.
Suite, Apt. #, etc.



04282006 Chg-P CR2E034 (11/05)

City & State
SARASOTA FL
Zip 34234 Country

City & State
SARASOTA FL
Zip 34234 Country

4. FEI Number
65-0972751
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOROVILLE, CAROL L CPA
3737 S TUTTLE AVENUE
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name MONVIE CAROL L, CPA
Street Address (P.O. Box Number is Not Acceptable)
3737 S. TUTTLE AVE.
City Sarasota FL Zip Code 34239

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-06

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FARIA, ARTHUR
STREET ADDRESS 2611 57TH ST.
CITY-ST-ZIP SARASOTA, FL 34243 ☐ Delete

TITLE V
NAME CARLTON, JAMES
STREET ADDRESS 2611 57TH ST.
CITY-ST-ZIP SARASOTA, FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-06