


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90296 046 \*\*\*150.00

<b>DOCUMENT # P00000028364</b>					
<b>1. Entity Name</b> ARGYLE CARD AND GIFT SHOP, INC.					
<b>Principal Place of Business</b> 6001-58 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244			<b>Mailing Address</b> 6001-58 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3640833	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CLARK, ARDATH M. 6001-58 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244-6127				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
CLARK, ARDATH M. 6001-58 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244-6127				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, ARDATH M 3836 SWEETBRIAR DRIVE ORANGE PARK FL 32073-7604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J 698 CHARLES PINCKNEY STREET ORANGE PARK FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J. 3836 SWEETBRIAR DRIVE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J. 3836 SWEETBRIAR DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J. 3836 SWEETBRIAR DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J. 3836 SWEETBRIAR DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, CURTIS J. 3836 SWEETBRIAR DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ardat M. Clark</u> <b>ARDATH M. CLARK</b>			3/20/2004		904/777-4544
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>