


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90060 024 ***150.00

DOCUMENT # P00000112531 1. Entity Name PAT'S CARDS & GIFTS, INC.					
Principal Place of Business 8951 BONITA BEACH ROAD SUITE 530 BONITA SPRINGS FL 34135			Mailing Address 8951 BONITA BEACH ROAD SUITE 530 BONITA SPRINGS FL 34135		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3683945	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6. Name and Address of Current Registered Agent HANYO, LORETTA 8951 BONITA BCH RD #530 BONITA SPRINGS FL 34135 </div> <div style="width: 45%;"> 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ </div> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE PD <input type="checkbox"/> Delete NAME HANYO, LORETTA STREET ADDRESS 8951 BONITA BEACH ROAD SUITE 530 CITY-ST-ZIP BONITA SPRINGS FL 34135			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE STD <input type="checkbox"/> Delete NAME PASZEK, DENISE J STREET ADDRESS 8951 BONITA BEACH ROAD SUITE 530 CITY-ST-ZIP BONITA SPRINGS FL 34135			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Loretta Hanyo</i> LORETTA HANYO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> 4/24/04 <small>Date</small> </div> <div style="width: 30%;"> 239-992-1690 <small>Daytime Phone #</small> </div> </div>					