

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 025 ***150.00

DOCUMENT # P01000015323

1. Entity Name
ATLANTIC GIFTS, INC.



Principal Place of Business
**1019 MAIN STREET
DAYTONA BEACH, FL 32118**

Mailing Address
**88 S HALIFAX DR
0
ORMOND BEACH, FL 32176-6539**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3696251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANNA, ELENA
88 SOUTH HALIFAX DRIVE
ORMOND BEACH, FL 32176**

Name

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

City

FL

Zip Code

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**PST
HANNA, ELENA
88 S HALIFAX DR
ORMOND BEACH, FL 321766539** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
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CITY-ST- ZIP ☐ Change ☐ Addition

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CITY-ST- ZIP ☐ Delete

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 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:

Elena Hanna ELENA HANNA

3/10/04 (386) 673-6585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #