## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P01000088605** 04-28-2004 90307 032 \*\*\*150.00 PROGIFTS ETC. INCORPORATED Principal Place of Business Mailing Address 4033 NW 97 BLVD STE A 4033 NW 97 BLVD STE A GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3742866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARRELL, MELINDA C. Street Address (P.O. Box Number is Not Acceptable) 4033 NW 97 BLVD STE A GAINESVILLE, FL 32606 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. Lam 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition NAME FARRELL, MELINDA C NAME STREET ADDRESS 4033 NW 97 BLVD STE A STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 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 of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of changed, or on an atta ddress, with all other like empowered.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

THLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

TÜLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

☐ Delete

☐ Delete

[7] Change

Change

☐ Change

☐ Change

Addition

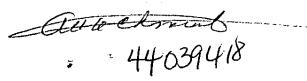
Addition

Addition

☐ Addition

FILED

Division of Corporations



Page 1 of 1

DoGifts Etc.



## **Division of Corporations**

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P01000088605

Tracking Number: 700031348667

The charge for your Annual Report is

\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.



**Sunbiz Home Page** 

**Public Access Help** 

Ella Elment 44039418

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2004

PROGIFTS ETC. INCORPORATED 4033 NW 97 BLVD STE A GAINESVILLE, FL 32606

SUBJECT: PROGIETS ETC. INCORPORATED Ref. Number: P01000088605?

We have received your document for PROGIFTS ETC. INCORPORATED and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 704A00024617