

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000023868

1. Entity Name

BOUZOUKI GIFTS & CLOTHIERS, INC.



Principal Place of Business

15 DODECANESE BLVD.  
TARPON SPRINGS, FL 34689

Mailing Address

7000 BRYAN DAIRY RD  
STE A-7  
SEMINOLE, FL 33777



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0403661	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, MARY J  
7000 BRYAN DAIRY RD.  
LARGO, FL 33777

**DO NOT WRITE  
IN THIS SPACE**

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

*Mary Jo Goodman*  
Signature, typed or printed name of registered agent and title if applicable.

*PRESIDENT*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-16-04*

**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

TITLE	PSD
NAME	GOODMAN, MARY J
STREET ADDRESS	15 DODECANESE BLVD.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Mary Jo Goodman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*MARY JO GOODMAN*

*4.16.04*

*545.4711*