


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90281 008 \*\*\*150.00

**DOCUMENT # P02000037505**

1. Entity Name  
**C&G'S BOUTIQUE, INC.**



Principal Place of Business  
**3809 EAST UNIVERSITY AVE  
 GAINESVILLE FL 32641**

Mailing Address  
**1111 NE 24TH TERR  
 GAINESVILLE FL 32641**

2. Principal Place of Business  
**2555 S. MOORE ST.**

3. Mailing Address  
**1111 NE 24TH TERR**

Suite, Apt. #, etc.  
**Booth 189**

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State  
**TALLAHASSEE, FL**

City & State  
**GAINESVILLE, FL**

Zip  
**32301**

Country  
**LEON**

Zip  
**32641**

Country  
**FLORIDA**

4. FEI Number **04-3645600** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, GERTRUDE  
 1111 NE 24TH TERR  
 GAINESVILLE FL 32641**

7. Name and Address of New Registered Agent

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 *Gertrude Williams* (NOTE: Registered Agent signature required when reinstating) DATE **4/25/04**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, GERTRUDE</b> <b>1111 NE 24TH TERR</b> <b>GAINESVILLE FL 32641</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gertrude Williams* Gertrude Williams Date **4/25/04** 352-376 Daytime Phone # **1276**