


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. 	
City & State TALLAHASSEE, FL		City & State GAINESVILLE, FL	
Zip 32301		Zip 32641	
Country LEON		Country ALACHUA	
4. FEI Number 04-3645600		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="text-align: right;"> FL Zip Code </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: <u><i>Gertrude Williams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/25/04</u>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, GERTRUDE 1111 NE 24TH TERR GAINESVILLE FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u><i>Gertrude Williams</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Gertrude Williams</u>	
Date: <u>4/25/04</u>		Daytime Phone #: <u>352-376-1276</u>	