2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000011869

1. Entity Name
THE GREAT AMERICAN GIFT BASKET COMPANY

Principal Place of Business	Mailing Address
12651 SEMINOLE BLVD 151 LARGO, FL 33778	12651 SEMINOLE BLVD 151 LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

03302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
22-3894556	Not Applicable

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

6. Name and Address of Current Registered Agent

DRESLIN FINANCIAL SERVICES, INC.
7985 113TH STREET
SUITE 220
SEMINOLE, FL 33772

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HIMES, CHRISTINA M
STREET ADDRESS	12651 SEMINOLE BLVD., #151
CITY ST ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: _Christina M. Himes_   4/11/05   727-642-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #