

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043935

Entity Name: HOMESPUN GIFTS INC

FILED  
Apr 26, 2004  
Secretary of State

## Current Principal Place of Business:

2220 COUNTY ROAD 210  
SUITE 302  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

4304 COMANCHE TRAIL BLVD.  
JACKSONVILLE, FL 32256

## New Mailing Address:

2220 COUNTY RD. 210 WEST  
JACKSONVILLE, FL 32256

FEI Number: 90-0070783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLANO, PATRICIA A  
4304 COMANCHE TRAIL BLVD.  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTELLANO, PATRICIA A  
Address: 4304 COMANCHE TRAIL BLVD.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: CASTELLANO, FRANK C  
Address: 4304 COMANCHE TRAIL BLVD.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TRE ( ) Delete  
Name: FULCHER, KATHRYN E  
Address: 3732 MOONFLOWER RD.  
City-St-Zip: JACKSONVILLE,, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CASTELLANO

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

Date