

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050686

FILED
Sep 20, 2004
Secretary of State

Entity Name: LANTANA GIFT SERVICES, INC.

Current Principal Place of Business:

4212 WHARTON WAY
LAND O LAKES, FL 346396439

New Principal Place of Business:

911 LANTANA AVENUE
CLEARWATER BEACH, FL 33767 US

Current Mailing Address:

4212 WHARTON WAY
LAND O LAKES, FL 346396439

New Mailing Address:

911 LANTANA AVENUE
CLEARWATER BEACH, FL 33767 US

FEI Number: 65-1191398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYLER, PAUL D F
3338 FOXRIDGE CIRCLE
TAMPA, FL 33618 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAUVIN, ANN
Address: 4212 WHARTON WAY
City-St-Zip: LAND O LAKES, FL 346396439

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAUVIN, ANN T
Address: 911 LANTANA AVENUE
City-St-Zip: CLEARWATER BEACH, FL 33767 US

Title: DF () Change (X) Addition
Name: TYLER, PAUL D F
Address: 3338 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618 US

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: ANN T. CHAUVIN

PD

09/20/2004

Electronic Signature of Signing Officer or Director

Date