

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91290 007 \*\*\*150.00

**DOCUMENT # P03000145818**

1. Entity Name  
**DEBBIE DOES GIFTS, INC.**



Principal Place of Business

P O BOX 701392  
ST CLOUD, FL 34770

Mailing Address

P O BOX 701392  
ST CLOUD, FL 34770

**24055844**

2. Principal Place of Business

**3513 5th Street**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 701392**

Suite, Apt. #, etc.



04202004

Chg-P

CR2E034 (10/03)

City & State

**St Cloud**

City & State

**St Cloud FL**

4. FEI Number

**571193547**

Applied For

Not Applicable

Zip

**34769**

Country

**USA**

Zip

**34770**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARDNER, BRUCE S  
2120 PINE GROVE RD  
ST CLOUD, FL 34771**

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

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, 2004 Fee will be \$550.00**

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  
**PT  
WATTERMIRE, DEBORAH  
3513 5TH ST  
ST CLOUD, FL 34769**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEBORAH WATTERMIRE**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

**Deborah Wattermire**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-04 (407) 498-0016**  
Date Daytime Phone #