

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90292 023 ***150.00



DOCUMENT # P04000157425
 1. Entity Name
SISTER'S UNIQUE GIFT SHOP, INC.

Principal Place of Business
**854 NORTH A1A MIRAMAR AVENUE
 INDIALANTIC, FL 32903**

Mailing Address
**170 OCEAN RIDGE DRIVE
 MELBOURNE BEACH, FL 32951**

20042011



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**2700 N. Highway A1A
 11-207**

01142005 Chg-P CR2E034 (10/03)

City & State
Indialantic, FL

4. FEI Number
20-1899367

Applied For
 Not Applicable

Zip Country
32903 USA

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

6. Name and Address of Current Registered Agent
**HAMRICK, TERRI
 170 OCEAN RIDGE DRIVE
 MELBOURNE BEACH, FL 32951**

7. Name and Address of New Registered Agent
 Name **Terri Hamrick**
 Street Address (P.O. Box Number is Not Acceptable)
2700 N. Highway A1A, 11-207
 City **Indialantic** FL Zip Code **32903**

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 **Terri Hamrick Jerri Hamrick** DATE **4/13/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAMRICK, TERRI 170 OCEAN RIDGE DRIVE MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri Hamrick 2700 N. Highway A1A, 11-207 Indialantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jerri Hamrick Terri Hamrick** DATE **4/13/05** 321.676.2787

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