

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**

20040011



2. Principal Place of Business

3. Mailing Address

2700 N. Highway A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11-207

01142005

Chg-P

CR2E034 (10/03)

City & State

City & State

Indialantic, FL

4. FEI Number

20-1899367

Applied For

Not Applicable

Zip

Country

Zip

32903

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMRICK, TERRI
170 OCEAN RIDGE DRIVE
MELBOURNE BEACH, FL 32951**

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

Terri Hamrick

4/13/05

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 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Terri Hamrick** **Terri Hamrick** **4/13/05** **321.676.2787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #