

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083600

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: PAPER LANTERN GIFT BOUTIQUE INC

## Current Principal Place of Business:

2700 IMMOKALEE ROAD  
#7  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

2700 IMMOKALEE ROAD  
#7  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 20-2971384      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COAPMAN, ROSEANN  
232 KIRTLAND DRIVE  
NAPLES, FL 34110      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: COAPMAN, ROSEANN  
Address: 232 KIRTLAND DRIVE  
City-St-Zip: NAPLES, FL 34110

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T ( ) Change (X) Addition  
Name: COAPMAN, LARRY K  
Address: 232 KIRTLAND DRIVE  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROSEANN COAPMAN

P

01/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date