

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000061549

Entity Name: DAFFODILS GIFT SHOPPE, INC.

FILED
Oct 10, 2008
Secretary of State

Current Principal Place of Business:

14965 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

14965 OLD ST. AUGUSTINE RD
UNIT#103
JACKSONVILLE, FL 32258

Current Mailing Address:

14965 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32256

New Mailing Address:

14965 OLD ST. AUGUSTINE RD
UNIT#103
JACKSONVILLE, FL 32258

FEI Number: 20-4837177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, TOMMY D
6942 SALAMANCA AVE
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, TOMMY D
Address: 6942 SALAMANCA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD () Delete
Name: COHEN, VICKI
Address: 6942 SALAMANCA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD () Delete
Name: HOWELLS, ANNE
Address: 4545 KINCARDINE DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SKINNER, LISA C
Address: 1473 OTOES PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD (X) Change () Addition
Name: LAMM, DEBORAH C
Address: 3401 CHOKEBERRY CT
City-St-Zip: JACKSONVILLE, FL 32223

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA C SKINNER

PD

10/10/2008

Electronic Signature of Signing Officer or Director

Date