

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5/2005-90118-008-\$150.00-\$150.00

DOCUMENT # P26698			
1. Entity Name MORI LUGGAGE & GIFTS, INC.			
Principal Place of Business 1424 OLD SQUARE RD JACKSON, MS 39211 US		Mailing Address PO BOX 12949 JACKSON, MS 39236 US	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 64-0667921		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, NANCY 33017 CORAL STRIP PKWY GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Madeline N. Olford Street Address (P.O. Box Number is Not Acceptable) 4610 Shannon Place City Pensacola FL Zip Code 32504	
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 <i>Madeline N. Olford</i>		DATE 11-19-05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
In accordance with s. 807.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORI, GEORGE S. 1415 BRECON DRIVE JACKSON, MS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Director Mori, George S. 1103 Charmant Pl Ridgeland, MS 39157		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNER, KAREN MORI 443 ANNANDALE PKWY MADISON, MS 39110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Sac. Treas. Bonner, Karen Mori 443 Annandale Pkwy Madison, MS 39110		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONNER, JEFF 443 ANNANDALE PKWY MADISON, MS 39110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Bonner, Jeff 443 Annandale Pkwy Madison, MS 39110		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice President Dickson, Judy 135 Stonegate Dr. Madison, MS 39110		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 <i>Judy Dickson</i>		DATE 6-29-05 601-981-6674	
SIGNATURE AUTHORIZED OR PRINTED NAME OF AGENT OR OFFICER OR DIRECTOR		Date	

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SEC. OF STATE
FALL 11/19/05

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