

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90115 040 \*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0567921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

OLFORD, MADELAINE  
4610 SHANNON PLACE  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORI, GEORGE S.	
STREET ADDRESS	1103 CHARMENT PL	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BONNER, KAREN MORI	
STREET ADDRESS	443 ANNANDALE PKWY	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	BONNER, JEFF	
STREET ADDRESS	443 ANNANDALE PKWY	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DICKSON, JUDY	
STREET ADDRESS	135 STONEGATE DR	
CITY-ST-ZIP	MADISON MS 39110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Delete This one*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Mori S.	
STREET ADDRESS	1103 Charment PL	
CITY-ST-ZIP	Ridgeland MS 39157	
TITLE	See Below	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP & ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN MORI BONNER	
STREET ADDRESS	443 ANNANDALE PKWY	
CITY-ST-ZIP	MADISON MS 39110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/06*

Date

*601 981 6674*

Daytime Phone #