2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-24-2007 90002 030 ***150.00

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1. Entity Name
MULBERRY STREET GIFT AND SPECIALTY SHOPPE, INC.

Principal Place of Business	Mailing Address
220 N. WASHINGTON MONTICELLO FL 32344	P.O. BOX 460 MONTICELLO FL 32345 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3281781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, NORMA J
1321 ~~MONROE~~ HOUSE DR. *
TALLAHASSEE FL 32312

*1321 MANOR House Dr.

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 Norma J. Williamson 4-27-2007
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, 2007 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	D	☐ Delete
NAME	WILLIAMSON, NORMA J	
STREET ADDRESS	P.O. BOX 460	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	☐ Delete
NAME	OLIPHANT, SHARON	
STREET ADDRESS	12897 LOIS AVENUE	
CITY-ST-ZIP	SEMINOLE FL 33776-1806	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Norma J. Williamson 4-27-2007 850-508-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #