


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 006 ***150.00

DOCUMENT # P96000088672					
1. Entity Name HOLY FAMILY BOOKS AND GIFTS INC.					
Principal Place of Business 4317 BLUE HERON DRIVE JACKSONVILLE, FL 32082 US			Mailing Address 25 HARMONY SCHOOL RD FLEMINGTON, NJ 08822-2607 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7643 DUNCANS GLEN DR			
City & State		City & State WESTERVILLE OH			
Zip		Country		Zip 43082	
Country USA		4. FEI Number 59-3397562			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIGOREUX, J J 4317 BLUE HERON DRIVE PONTE VEDRA BEACH, FL 32082			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VIGOREUX, J J 4317 BLUE HERON DRIVE PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7643 DUNCANS GLEN DRIVE WESTERVILLE OH 43082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARDNER, MICHAEL 25 HARMONY SCHOOL ROAD FLEMINGTON, NJ 088222607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7643 DUNCANS GLEN DRIVE WESTERVILLE OH 43082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 exemptions contained 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 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: _____			3-4-06 614-865-8790		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		