

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023086

Entity Name: WIFFANY'S, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

4135 DR. MARTIN LUTHER KING BLVD.
BLU 96
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

6901 STALEY FARMS RD
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 65-0819750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGANS, PAMELA
6901 STALEY FARMS ROAD
FORT MYERS, FL 33905 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAURER, LUCINDA L.
Address: 4801 BONITA BAY BLVD., #604
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VSTD () Delete
Name: HAGANS, PAM
Address: 6901 STALEY FARMS RD
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCINDA L. MAURER

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date