


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000037646**  
1. Entity Name  
**CARRIAGE HOUSE GIFTS, INC.**



Principal Place of Business      Mailing Address  
**7916 CHELLIE ROAD**      **P.O. BOX 3717**  
**PENSACOLA, FL 32526**      **PENSACOLA, FL 32516**

**DO NOT WRITE IN THIS SPACE**



04072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3505203**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LONG, BETTY J**  
**7916 CHELLIE ROAD**  
**PENSACOLA, FL 32526**

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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**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000534363  
05/08/06-80008-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	LONG, BETTY J
STREET ADDRESS	P.O. BOX 3717
CITY-ST-ZIP	PENSACOLA, FL 32516
TITLE	VP
NAME	LONG, L. RENEE
STREET ADDRESS	7920 CHELLIE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:         
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #