


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr. 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000037646</b> 1. Entity Name <b>CARRIAGE HOUSE GIFTS, INC.</b>	
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Principal Place of Business <b>7916 CHELLIE ROAD PENSACOLA, FL 32526</b>	Mailing Address <b>P.O. BOX 3717 PENSACOLA, FL 32516</b>
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04052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3505203</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>LONG, BETTY J 7916 CHELLIE ROAD PENSACOLA, FL 32526</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, BETTY J P.O. BOX 3717 PENSACOLA, FL 32516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, L. RENEE 7920 CHELLIE ROAD PENSACOLA, FL 32526
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04/20/07-80117-014 158.75

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.

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>agid 9</b> (850) 478-5250 Date <b>12007</b> Daytime Phone #
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