2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000062352

1. Entity Name
S & J FINE GIFTS INC.

Principal Place of Business	Mailing Address
3427 HWY 441 SOUTH OKEECHOBEE, FL 34974	3427 HWY 441 SOUTH OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0862496	Not Applicable

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

6. Name and Address of Current Registered Agent

CANTRELL, SUSAN
11123 LANDS END CHASE
PORT SAINT LUCIE, FL 34986

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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 _Jacquelyn L Binko_

Signature typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

DATE _1-30-05_

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		
TITLE	VSTD		
NAME	CANTRELL, SUSAN		
STREET ADDRESS	11123 LANDS END CHASE		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		
TITLE	PD		
NAME	BINKO, JACQUELYN L		
STREET ADDRESS	7314 MARSH TERRACE		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		
TITLE			
NAME			
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NAME			
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CITY-ST-ZIP			

II00000211085
02/02/05-80104-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Jacquelyn L Binko_

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