

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000016773

1. Entity Name
SOUTHEAST GIFT DISTRIBUTION, INC.



Principal Place of Business
**300 S. FLORIDA AVENUE
UNIT 200H
TARPON SPRINGS, FL 34689**

Mailing Address
**300 S. FLORIDA AVENUE
UNIT 200H
TARPON SPRINGS, FL 34689**



DO NOT WRITE IN THIS SPACE

07102005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3560037** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTOUS, JEFF
300 S. FLORIDA AVENUE
UNIT 200H
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

6. 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)

000000376164
08/11/05-80004-004 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ANTOUS, JEFF**
STREET ADDRESS **300 S. FLORIDA AVENUE, #200H**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **VP**
NAME **BRAVERMAN, NORMAN**
STREET ADDRESS **P.O. BOX 92**
CITY-ST-ZIP **BLOOMINGBERG, NY 127210092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Res 8/2/05 725-399-8455