

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/25/2004-90004-007-\$158.75-\$158.75

DOCUMENT # P99000040658

1. Entity Name

GIFTS-N-SUCH, INC.



FILED

04 OCT -5 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business

227 N TYNDALL PARKWAY  
PANAMA CITY FL 32404  
US

Mailing Address

227 N TYNDALL PARKWAY  
PANAMA CITY FL 32404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3575710

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

BRUNER, CALVIN S  
606 CENTER AVENUE  
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☐ Delete  
NAME BRUNER, AMANDA D  
STREET ADDRESS 3322 "B" STREET  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Change ☐ Addition  
NAME 200041979662  
STREET ADDRESS 10/19/04--01029--011 \*\*\*391.25  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME BRUNER, CALVIN S  
STREET ADDRESS 606 CENTER AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Calvin S Bruner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin S Bruner

Date

Aug 10 04 (BSN) 769-1798

Device Phone #