


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # S98194 1. Entity Name GREETINGS INTERNATIONAL, INC.	
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Principal Place of Business 7419 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652	Mailing Address 7419 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1975872	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, DAVID R. ESQUIRE
7419 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000072959
03/02/04-80015-011 150.00

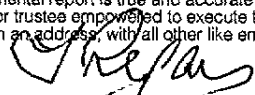
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGAN, DAVID MARK REGENT HSE, DOCKFIELD RD SHIPLEY, W. YORKSHIRE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEST, C.L. REGENT HSE, DOCKFIELD RD SHIPLEY, W. YORKSHIRE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGAN, TERRENCE REGENT HOUSE DOCKFIELD RD SHIPLEY, W
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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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)(f), 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:



T. REGAN

FEB-26-04

727 863 7553