

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000087896

**Entity Name:** INN-GIFTS, INC.

**Current Principal Place of Business:**

6969 LAMESA DR. W.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6969 LAMESA DR. W.  
JACKSONVILLE, FL 32217

**FEI Number:** 59-3656500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OBI, JENI N.  
6969 LA MESA DRIVE W  
JACKSONVILLE, FL 32217 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            OBI, JENI N  
Address        6969 LA MESA DRIVE W  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENI OBI

**PRESIDENT**

**02/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date