

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 239284

1. Entity Name

GESCO CUTLERY CO., INC.



Principal Place of Business

2516 E. HOLLY PT RD.
ORANGE PARK FL 32073
US

Mailing Address

2516 E. HOLLY PT RD.
ORANGE PARK FL 32073
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-0911081**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOKES, G C
2516 E. HOLLY POINT RD
ORANGE PARK FL 32073

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

G C Stokes

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reorganizing)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PT ☐ Delete
NAME STOKES, GERALD C
STREET ADDRESS 2516 E. HOLLY PT. RD.
CITY-STATE-ZIP ORANGE PARK FL

TITLE ☐ Change ☐ Addition
NAME **U00000841128**
STREET ADDRESS **03/10/08-80002-025 150.00**
CITY-STATE-ZIP

TITLE VPS ☐ Delete
NAME STOKES, GAYLE L
STREET ADDRESS 2516 E. HOLLY PT. RD.
CITY-STATE-ZIP ORANGE PARK FL

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

TITLE VPS ☐ Delete
NAME DUNS FORD, JANN
STREET ADDRESS RIVER ROAD
CITY-STATE-ZIP ORANGE PARK FL

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

TITLE VP ☐ Delete
NAME STOKES, EDITH N
STREET ADDRESS 2516 E. HOLLY PT. RD.
CITY-STATE-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

G C Stokes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #