


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F96871	
1. Entity Name JOHNSTON'S CARD & GIFT SHOP, INC.	

Principal Place of Business 5610 T.P.C. BLVD. LUTZ, FL 33558 US	Mailing Address 5610 T.P.C. BLVD. LUTZ, FL 33558 US
---	---



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2218950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSTON, LIZABETH
5610 T.P.C. BLVD.
LUTZ, FL 33558

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

1100000609918
02/01/07-80069-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSTON, LIZABETH PRES 5610 T.P.C. BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, TIMOTHY VP 4840 VERONA CIR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SADWICK, DEBRA VP 6210 NIMES CT LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOHNSTON, EVAN 5610 T.P.C. BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 813/948-8184
Date Daytime Phone #