

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000040917**

1. Entity Name

G.C.O. GIFT & CARD OUTLET, INC.



Principal Place of Business

5225 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703

Mailing Address

5225 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0390545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KRAVIL, MARGARET  
5225 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000828796  
02/26/08-80014-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JAMES, CHARLES
STREET ADDRESS	510 62ND AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	PD
NAME	KRAVIL, MATTHEW
STREET ADDRESS	5415 1ST ST. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	V
NAME	KRAVIL, MARGARET
STREET ADDRESS	515 1AT ST. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	S
NAME	JAMES, JOANN
STREET ADDRESS	510 62ND AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
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

Date

Daytime Phone #

2-12-08 727-521-4592