

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-20-2007 90207 039 ***150.00

DOCUMENT # P02000068171



1. Entity Name
GIFT MARKETING ALLIANCE, INC.

Principal Place of Business
3150 N. HARBOR CITY BLVD. #334
MELBOURNE, FL 32935

Mailing Address
665 SILVER LEDGE
COLD SPRING, KY 41076

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

05082007

Chg-P

CR2E034 (12/06)

4. FEI Number
03-0465984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, DAVID R
519 A N HARBOR CITY BLVD
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name **BETTY ALLEN**

Street Address (P.O. Box Number is Not Acceptable)
2331 ADDISON AVE

City **CLERMONT**

FL

Zip Code
34711

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

Emma Holtzclaw

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

(NOTE: Registered Agent signature required when reinstating)

5-7-07

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOLTZCLAW, EMMITT JR
STREET ADDRESS 3150 N. HARBOR CITY #334
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE STD ☐ Delete
NAME HOLTZCLAW, EMMA
STREET ADDRESS 3150 N. HARBOR CITY #334
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Emma Holtzclaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-07

Date

859-441-2800

Daytime Phone #

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/20/2007-90207-039-S150.00-S150.00

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MELBOURNE, FL 32935**

Mailing Address
**665 SILVER LEDGE
COLD SPRING, KY 41076**

ATTACHMENT

66015034

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0465984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, DAVID R
519 A N HARBOR CITY BLVD
MELBOURNE, FL 32935**

**EMMITT HOLTZCLAW
665 Silver Ledge Dr
Cold Spring, KY 41076**

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOLTZCLAW, EMMITT JR 3150 N. HARBOR CITY #334 MELBOURNE, FL 32935 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD HOLTZCLAW, EMMA 3150 N. HARBOR CITY #334 MELBOURNE, FL 32935 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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SIGNATURE

Emmitt Holtzclaw

DATE

4-10-07