

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000098928**

1. Entity Name  
**TOWER CARDS AND GIFTS, INC.**



Principal Place of Business  
**50 NORTH LAURA STREET  
SUITE 175  
JACKSONVILLE, FL 32202**

Mailing Address  
**POST OFFICE BOX 50832  
JACKSONVILLE BEACH, FL 32240**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1021453**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUTTON, JAMES G  
47 TALLWOOD ROAD  
JACKSONVILLE BEACH, FL 32250**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SUTTON, KATHERINE F
STREET ADDRESS	POST OFFICE BOX 50832
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32240
TITLE	D
NAME	SUTTON, JAMES G
STREET ADDRESS	POST OFFICE BOX 50832
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/08-80015-004 150.00

**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 a member 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 12, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Katherine A. Sutton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-11-08*

Date

*904-21*

Or