

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000048124	
1. Entity Name ADELPHIA CARD & GIFT, INC.	

Principal Place of Business 3707 WOOLBRIGHT ROAD BOYNTON BEACH FL 33436 US	Mailing Address 2640 N.E. 24TH STREET LIGHTHOUSE POINT FL 33064-8302
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country
33064-8302	

4. FEI Number 65-0512726	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHRISTOS, NICK P 2640 N.E. 24TH STREET LIGHTHOUSE POINT FL 33064-8302	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code 33064-8302

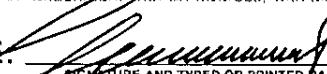
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remodeling) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	TITLE	
NAME	CHRISTOS, NICK P.	NAME	
STREET ADDRESS	2640 NE 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	CHRISTOS, ELAINE	NAME	
STREET ADDRESS	2640 NE 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CHRISTOS, HELEN	NAME	
STREET ADDRESS	2640 NE 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
TITLE	VPAT	TITLE	
NAME	CHRISTOS, THOMAS N	NAME	
STREET ADDRESS	2809 SW 14TH CT	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE	VPAS	TITLE	
NAME	CHRISTOS, CATHERINE A	NAME	
STREET ADDRESS	2209 CYPRESS BEND DRIVE S	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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  **Nick P. Christos, TR** Jan. 28, 2008 (954) 942-9242