


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90026 024 \*\*\*150.00

<b>DOCUMENT # P94000057953</b>	
1. Entity Name <b>GULFVIEW GIFT COMPANY</b>	

Principal Place of Business <b>333 1ST ST. SOUTH SAINT PETERSBURG, FL 33701-4342</b>	Mailing Address <b>13799 PARK BLVD 125 SEMINOLE, FL 33776</b>
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2. Principal Place of Business - No P.O. Box # <b>3198 24TH AVE N</b>	3. Mailing Address <b>3198 24TH AVE N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETERSBURG, FL</b>	City & State <b>ST. PETERSBURG, FL</b>
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Zip <b>33713</b>	Country <b>Pinellas</b>	Zip <b>33713</b>	Country <b>Pinellas</b>
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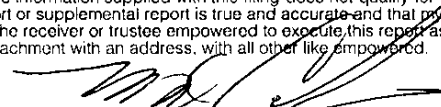
6. Name and Address of Current Registered Agent <b>CARLIN, MICHAEL D 3198 24TH AVE. N ST. PETERSBURG, FL 33713</b>	
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7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLIN, MICHAEL D 13799 PARK BLVD 125 SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>4-30-08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <b>727-328-0908</b>