

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 008 ***150.00

DOCUMENT # P97000028485

1. Entity Name

YOURS TRULY CARDS & GIFTS, INC.



Principal Place of Business

8449 SW SR 200
OCALA FL 34481

Mailing Address

8449 SW SR 200
OCALA FL 34481



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-3446891

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOURAKER, SHARON CPA
2691 SE 52ND STREET
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

PAUL MCINTYRE

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

8449 SW SR 200

City

OCALA

FL

Zip Code

34481

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and office, applicable

(NOT) Registered Agent's signature required when constituting

Date

2-14-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | MCINTYRE, LINDA | |
| STREET ADDRESS | 8449 SW SR 200 | |
| CITY-ST-ZIP | OCALA FL 34481 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BUTLER, KAREN | |
| STREET ADDRESS | 2 PECAN PASSTRK | |
| CITY-ST-ZIP | OCALA FL 34481 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | REGENOLD, TRACEY M | |
| STREET ADDRESS | 7070 DELAWARE CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Linda S. McIntyre

LINDA S. MCINTYRE, PRES.

3-12-07

(352)854-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #