## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2004 08:00 AM Secretary of State

ANNOAL REPORT					Connect	af (	24040
DOCUI	MENT # 255417		Secretary of State				
F. N. DEH	HUY AND SON JEWELRY ST						
Principal Plac	e of Rusiness	Mailing Address	590 us 55				
139 1/2 N. V	MOODLAND BLVD.	PO BOX 563					
DELAND, FL	32720 US _	DELAND, FL 32721 US		1 200 00 21 00 12 00 12	1 Met 201 Met 25 Million & 25 M	: W1461 W1466 W1W11 W5W	4 MF#86 #8MF8##8 11 8##8
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		······	Applied For
				59-094		\$8.	Not Applicable 75 Additional
	6. Name and Address of Current R	enistered Aneot		3 5. Cermicate	of Status Desired	Fee	Required
MACON		3,010.00113077				ooding a see a see a see National see a	
MACON, SUSAN 139 1/2 N. WOODLAND BLVD. DELAND, FL 32720					NOT W		
DELAND,	FL 32720			IN.	THIS SF	ACE	
	e named entity submits this statement for tions of registered agent	he purpose of changing its registe	ered office or registe	red agent, or bo	th, in the State of Fk	orida. Lam famil	iar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent an	110th / springstrie SIGTE Repiste	red Agent signature require	d when semetation?		DATE	<del></del>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	00000 07 499 494	0106577	<i>™.</i>
10.	OFFICERS AND D	RECTORS				BOULTY	aa 130.00
TITLE NAME	PVST MACON, SUSAN					".	
STREET ADDRESS CITY-ST-ZIP	PO BOX 563 DELAND, FL 32721					<u></u>	
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STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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 attacharent with an actualists, with all other like empowered.

SIGNATURE MUSEL MUSEL SUSAN MA CON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

4/4/04

586-134-1337