


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 358416</b>	
1. Entity Name LES FERRELL, JEWELERS INC.	

Principal Place of Business 115 NORTHWOODLAND BLVD DELAND FL 32720 US	Mailing Address 115 NORTHWOODLAND BLVD DELAND FL 32720 US
-----------------------------------------------------------------------------	-----------------------------------------------------------------



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1305787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FERRELL, RONALD  
200 WEST MICHIGAN AVENUE  
DELAND, FL 32720

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

**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 NAME STREET ADDRESS CITY-ST-ZIP	STD FERRELL, SUSAN J 200 WEST MICHIGAN DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRELL, RONALD L 200 WEST MICHIGAN DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRELL, JEREMY L. 1003 NORTH PINE STREET DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000803644  
02/05/08-80033-019 150.00

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:** *Susan J. Ferrell* Susan J. FERRELL 1-23-08 386-734-3801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #