

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28736

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: BERTHET JEWELERS, INC.

## Current Principal Place of Business:

10131-5 SAN JOSE BLVD  
2A  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

10131-5 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

## Current Mailing Address:

10131-5 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

## New Mailing Address:

FEI Number: 59-2286026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERTHET, WILLIAM LESLIE  
10131-5 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERTHET, WILLIAM LES, LIE  
Address: 10131-5 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BERTHET, WILLIAM LES, LIE  
Address: 10131-5 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LESLIE BERTHET

PRES

04/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date