## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000033103 1. Entity Name DAVID D. BRIGHT JEWELER, INC. 40007\*\* Principal Place of Business Mailing Address 3301 WATERFORD DR 27001 US HWY 19 NO. CLEARWATER, FL 34621 US **SUITE 2020** CLEARWATER, FL 34621-3410 2. Principal Place of Business 3. Mailing Address 1708 S. Dale Malam Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State AMDA 59-3184258 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired hllsbowch Fee Required 6. Name and Address of Qurrent Registered Agent 7. Name and Address of New Registered Agent D. Brich MAYORGA, JULIO E ss (P.O. Box Nymber if Not Acceptable) 9261 SEMINOLE BLVD SEMINOLE, FL 34642 en water pent for he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The aboy SIGNATURE of and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Delete TITLE ☐ Change Addition BRIGHT, DAVID D NAME NAME 3301 WATERFORD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ~ ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling cloes 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 supplied in a 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 of 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 attactment with an address, with all other like empowered. SIGNATURE:

FILED

Apr 21, 2005 8:00 am Secretary of State

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