


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000010334**  
 1. Entity Name  
**FOSHEE JEWELERS, INC.**



Principal Place of Business      Mailing Address  
**712 N INGRAHAM AVE**      **712 N INGRAHAM AVE**  
**LAKELAND FL 33801**      **LAKELAND FL 33801**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**59-3421110**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FOSHEE, CLYDE R**  
**712 N INGRAHAM AVE**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 (if applicable)      (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution     

10. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS          | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|-----------------------|-------------------------|--------------------|---------------------------------|
| D     | FOSHEE, CLYDE R       | 3236 GARDNER RDAVE      | LAKELAND FL 33809  | <input type="checkbox"/>        |
| D     | COTHERN, PAMELA F     | 5630 STAGECOACH RD      | POLK CITY FL 33868 | <input type="checkbox"/>        |
| D     | FOSHEE, CHRISTOPHER R | 3527 KNIGHTS STATION RD | LAKELAND FL 33809  | <input type="checkbox"/>        |
|       |                       |                         |                    | <input type="checkbox"/>        |
|       |                       |                         |                    | <input type="checkbox"/>        |
|       |                       |                         |                    | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 05/22/08-80103-006 150.00

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: *Clyde R Foshee*      **Clyde R. Foshee - President**      4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, no Month #