

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23090

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: GOLDMASTERS JEWELRY REPAIR, INC.

**Current Principal Place of Business:**

1910 WELLS ROAD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1910 WELLS ROAD  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3053659      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTOFF, MARILYN J  
1910 WELLS ROAD  
ORANGE PARK, FL 32073      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: PSD ( ) Delete  
Name: CHRISTOFF, MARILYN J  
Address: 1910 WELLS RD.  
City-St-Zip: ORANGE PARK, FL

Title: SD ( ) Delete  
Name: CHRISTOFF, BRYAN M  
Address: 1910 WELLS RD  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CHRISTOFF, BRIAN M  
Address: 1910 WELLS RD  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN M. CHRISTOFF

SD

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date