2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18,-2004 08:00 AM DOCUMENT # J35294 **Secretary of State** t. Entity Name GEMS OF NAPLES, INC. Principal Place of Business Mailing Address 6855 OLD BANYAN WAY 6855 OLD BANYAN WAY NAPLES, FL 34109 NAPLES, FL 34109 US No Chg-P CR2E034 (10/03) 02272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0032354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HUBSCHMAN, HARRISON 6855 OLD BANYAN WAY NAPLES, FL 34109 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. Scorerure, typed or crinted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rematating) s. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST 11112.5 HUBSCHMAN, HARRISON NAME 6855 OLD BANYAN WAY STREET ADDRESS CATY-ST-ZIP NAPLES, FL 34109 TITLE U00000092071 MARKET 03/18/04-80033-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE 16336 STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BBF STREET ADDRESS CITY-57-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/64

239-566-2780

FILED