


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90005 043 ***150.00

DOCUMENT # 244021 1. Entity Name VANDEGRIFF JEWELERS INC		
Principal Place of Business 131 RACETRACK ROAD, NW FORT WALTON BEACH, FL 32547 US	Mailing Address P. O. DRAWER 1388 FORT WALTON BEACH, FL 32549-1388 US	



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0919424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALANZATEGUI, PATRICIA V 131 RACETRACK ROAD N.W. P.O. DRAWER 1388 FORT WALTON BEACH, FL 32549

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALANZATEGUI, PATRICIA 131 RACETRACK ROAD, N.W. FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALANZATEGUI, ANDREA M 24 E. HARVARD ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALANZATEGUI, W O 131 RACETRACK ROAD, N.W. FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALANZATEGUI, WILLIAM C 131 RACETRACK RD NW FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIMS, DONALD W 131 RACETRACK RD NW FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/9/04** **800 243 3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #