

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0919424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000677351
03/30/07-80100-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALANZATEGUI, PATRICIA
STREET ADDRESS	131 RACETRACK ROAD, N.W.
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	D
NAME	BALANZATEGUI, ANDREA M
STREET ADDRESS	24 E. HARVARD ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	STD
NAME	BALANZATEGUI, W O
STREET ADDRESS	131 RACETRACK ROAD, N.W.
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	D
NAME	BALANZATEGUI, WILLIAM C
STREET ADDRESS	205 MADISON AVE
CITY-ST-ZIP	DECATUR, GA 30030
TITLE	V
NAME	MIMS, DONALD W
STREET ADDRESS	131 RACETRACK RD NW
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Patricia Balanzategui **Patricia Balanzategui** 3/22/07 850/243-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #