

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 251961**

1. Entity Name  
**GEORGE L. GAINES JEWELER, INC.**



Principal Place of Business  
**112 SOUTH TENNESSEE AVE  
LAKELAND, FL 33801**

Mailing Address  
**112 SOUTH TENNESSEE AVE  
LAKELAND, FL 33801**

**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0940669**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAINES, JOHN R  
112 SO TENNESSEE AVE  
LAKELAND, FL 33801**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GAINES, JOHN R.  
112 S TENNESSEE AVE  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST  
GAINES, SUZANNE B.  
112 S TENNESSEE AVE  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
GAINES, DORIS F.  
112 S TENNESSEE AVE  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000872536  
04/10/08-80043-006 150.00

**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:

*John R. Gaines* **JOHN R. GAINES**

**3/25/08**

Date

**863.688.8557**

Daytime Phone #