

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 328378

1. Entity Name
SWEET'S JEWELERS, INC.



Principal Place of Business
**209 AVENUE A
FT. PIERCE, FL 34950**

Mailing Address
**209 AVENUE A
FT. PIERCE, FL 34950**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1206126** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOLD, ROSALIE
736 CAMPBELL RD.
FT PIERCE, FL 34945**

**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

04/08/06-80015-024 150.00

10. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **FRERE, MARGARET N**
STREET ADDRESS **728 CAMPBELL ROAD**
CITY-ST-ZIP **FT PIERCE, FL 00000,**

TITLE **PD**
NAME **NOELKE, LEANDER H**
STREET ADDRESS **3750 DELEWARE A**
CITY-ST-ZIP **FT PIERCE, FL**

TITLE **VD**
NAME **ARNOLD**
STREET ADDRESS **736 CAMPBELL RD**
CITY-ST-ZIP **FT PIERCE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Rosalie Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06
Date

Daytime Phone #