

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90037 006 ***150.00

DOCUMENT #472193	
1. Entity Name GEMSTONES, INCORPORATED	



Principal Place of Business POST OFFICE BOX 24732 JACKSONVILLE, FL 32241 US	Mailing Address P.O. BOX 24732 JACKSONVILLE, FL 32241 US
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40010871



2. Principal Place of Business - No P.O. Box # 3854 San Jose Park Dr	3. Mailing Address P.O. 24732
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32217	Country U.S.A.
Zip 32241	Country U.S.A.

4. FEI Number 59-1603694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NEWMAN, ARLENE 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEWMAN, ARLENE 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NEWMAN, WILLIAM J 8302 BARQUERO CT N JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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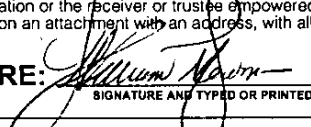
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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: William J. Newman U.P. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

40010871

DOCUMENT # 472193 1. Entity Name GEMSTONES, INCORPORATED			
Principal Place of Business POST OFFICE BOX 24732 JACKSONVILLE, FL 32241 US 32217 3854 SAN JOSE PARK DR		Mailing Address P.O. BOX 24732 JACKSONVILLE, FL 32241 US	
DO NOT WRITE IN THIS SPACE		01222008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1603694 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 NEWMAN, ARLENE 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217		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 reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, ARLENE 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, WILLIAM J 8302 BARQUERO CT N JACKSONVILLE, FL 32217		
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SIGNATURE:  WILLIAM J. NEWMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/22/08 Daytime Phone # 904-636-5009	