2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #472193 01-25-2008 90037 006 ***150.00 GEMSTONES, INCORPORATED Mailing Address 100108/1 Principal Place of Business POST OFFICE BOX 24732 P.O. BOX 24732 JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32241 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3854 SAN WOSE PARIL DA P.O. 24732 Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 CR2E034 (12/06) Cha-P Applied For Sity & State SALKSON rells ity & State 4 FEI Number ALILSUITUILLE, FLORIDA 59-1603694 Not Applicable \$8.75 Additional Zip 32241 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEWMAN, ARLENE Street Address (P.O. Box Number is Not Acceptable) 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217 City 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. Signature, typed or printed name of registered agent and libe if applicable. (NOTE: Registered Agent signature required when re-instating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NEWMAN, ARLENE NAME STREET ADDRESS 8302 BARQUERO CT. NO STREET ADDRESS JACKSONVILLE, FL '32217 CITY - ST - ZIP CITY-S1-7(P VΡ Change Addition ☐ Delete TITLE TITLE NEWMAN, WILLIAM J MARAF STREET ADDRESS 8302 BARQUERO CT N STREET ADDRESS JACKSONVILLE, FL 32217 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. an address, with all other like empowered.

U.P.

Date

Daytime Phone #

NAME OF SIGNING OFFICER OR DIRECTOR

com

Mulion

SIGNATURE:

FILED Jan 25, 2008 8:00 am

ATTACHMENT

2008 FOR PROFIT CORPORATION

ANNUAL	REPORT	4,0010071	
DOCUMENT # 472193 1. Entity Name GEMSTONES, INCORPORATED			·
Principal Place of Business POST OFFICE BOX 24732 JACKSONVILLE, FL 32241 US 32217 3554 JAN JOSE PARIC DR	Mailing Address P.O. BOX 24732 IACKSONVILLE, FL 32241 US		N. Control of the Con
DO NOT WRITE IN THIS SPAC		01222008 No C	hg-P CR2E034 (11/05)
a man a man and a man a ma	1	59-1603694	Not Applicable
		5. Certificate of Status I	Desired
6. Name and Address of Current I	Registered Agent		
NEWMAN, ARLENE 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217		DO NO	T WRITE
		IN THIS	SPACE
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its registered office or	r registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered Agent signat	ture required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10. OFFICERS AND	DIRECTORS		
NAME NEWMAN, ARLENE			
STREET ADDRESS 8302 BARQUERO CT. NO JACKSONVILLE, FL 32217			
TITLE VP NAME NEWMAN, WILLIAM J			· · · ·
STREET ADDRESS 8302 BARQUERO CT N			
CITY-ST-ZIP JACKSONVILLE, FL 32217			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayteme Phone *

CITY-ST-ZIP