


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 587241 1. Entity Name FISHEL & DOWDY JEWELERS SOUTH, INC.	
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Principal Place of Business 4280 CLEVELAND AVE FT MYERS, FL 33901	Mailing Address 4280 CLEVELAND AVE FT MYERS, FL 33901
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1875781	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent FRANKLIN, JERRY N. 4280 CLEVELAND AVENUE FORT MYERS, FL 33901
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D FRANKLIN, JO ANNE 4280 CLEVELAND AVENUE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRANKLIN, JACK A 4280 CLEVELAND AVENUE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANKLIN, JERRY N 4280 CLEVELAND AVENUE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKLIN, JAMES B 4280 CLEVELAND AVE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/04-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: _____ Date: 1-7-04 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR