

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631205

FILED  
Jul 22, 2004  
Secretary of State

Entity Name: PAUL J. SCHMITT JEWELER, INC.

## Current Principal Place of Business:

PAUL I. SCHUITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US

## New Principal Place of Business:

PAUL J. SCHMITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US

## Current Mailing Address:

PAUL I. SCHUITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US

## New Mailing Address:

PAUL J. SCHMITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US

FEI Number: 59-1939568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHELLE SCHUITT  
2281 PINWOODS CIRCLE  
NAPLES, FL 34105

## Name and Address of New Registered Agent:

SCHMITT, ADAM J VP  
2281 PINWOODS CIRCLE  
NAPLES, FL 34105

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.

SIGNATURE: ADAM SCHMITT

07/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHMITT, DIANE R  
Address: 694 REGATTA COURT  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: SCHMITT, ADAM J.  
Address: 2281 PINE WOOD CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete  
Name: SCHMITT, MICHELLE  
Address: 2281 PINWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM SCHMITT

VP

07/22/2004

Electronic Signature of Signing Officer or Director

Date