

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 014 ***150.00

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1. Entity Name

KING TUT'S JEWELRY INC.



Principal Place of Business

213 S. TYNDALL PARKWAY
CALLAWAY FL 32404

Mailing Address

P.O. BOX 19259
PANAMA CITY FL 32417

50021737



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1528230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, VIRGINIA H
1314 HARBOUR WAY
PANAMA CITY BEACH FL 32407

Name

VIRGINIA H. ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

309 LYONIA LN.

CITY PANAMA CITY BEACH

FL

Zip Code 32408

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME ROBERTS, WILLIAM R.
STREET ADDRESS 1314 HARBOUR WAY
CITY-ST-ZIP PANAMA CITY FL 32407 ☐ Delete

TITLE PCD
NAME ROBERTS, WILLIAM R.
STREET ADDRESS 309 LYONIA LN.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 ☒ Change ☐ Addition

TITLE VSTD
NAME ROBERTS, VIRGINIA H
STREET ADDRESS 1314 HARBOUR WAY
CITY-ST-ZIP PANAMA CITY FL 32407 ☐ Delete

TITLE VSTD
NAME ROBERTS, VIRGINIA H.
STREET ADDRESS 309 LYONIA LN.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 R. Roberts (WILLIAM R. ROBERTS) 2/26/05 850-763-0508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #