


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # G16405 1. Entity Name GOLDLEAF JEWELERS, INC.	
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Principal Place of Business
% CRYSTAL TREE CENTER
1201 U.S. HIGHWAY ONE
N. PALM BEACH, FL 33408

Mailing Address
% CRYSTAL TREE CENTER
1201 U.S. HIGHWAY ONE
N. PALM BEACH, FL 33408



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2285616	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

EDLEMAN, J. ERIC
1201 US HIGHWAY #1
SUITE 23-A
NORTH PALM BEACH, FL 33408

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000205545
01/31/05-80049-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME EDLEMAN, JOHN ERIC
STREET ADDRESS 1201 U.S. HIGHWAY #1, SUITE 23-A
CITY-ST-ZIP NORTH PALM BEACH, FL

TITLE VP
NAME HOMAN, GEORGE H., JR.
STREET ADDRESS 2100-D VISION DR.
CITY-ST-ZIP PALM BCH GARDENS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: George H. Homan, Jr. VP 1-27-05 561-694-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #