

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # G16405

1. Entity Name
GOLDLEAF JEWELERS, INC.



Principal Place of Business
**% CRYSTAL TREE CENTER
1201 US HIGHWAY ONE
N PALM BEACH FL 33408**

Mailing Address
**% CRYSTAL TREE CENTER
1201 US HIGHWAY ONE
N PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

(G16405 ===== P)

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2285616	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$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

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, 2008 Fee will be \$550.00**

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000306051
05/02/08-80006-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. Homan
4/16/08 561-694-0045
Date Daytime Phone #