2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empoye

SIGNATURE:

Mar 06, 2006 08:00 AM DOCUMENT # G77612 Secretary of State 1. Entity Name JEWELL EMPIRE CORPORATION Principal Place of Business Mailing Address 13309 HIGHWAY 92 E DOVER FL 33527-9170 13309 HIGHWAY 92 E DOVER FL 33527-9170 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-2350120 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEWELL, ARTHUR P., SR. Street Address (P.O. Box Number is Not Acceptable) 13309 HWY 92 DOVER FL 33527 Zip Code City FL 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 acceptances 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. INTE ☐ Change TIFLE ☐ Defete JEWELL, ARTHUR P., SR. NAME NAME STREET ADDRESS 13309 HIGHWAY 92 STREET ADDRESS 1100**0**004559<u>3</u>1 City-ST-2IP CITY-ST-ZIP DOVER FL 416.406.80007±021 ☐ Adest ☐ Delote mil 3135E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change Arianie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Middle-O Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP FITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I em 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 Brock 10 or Block 11 in the production of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 10 or Block 11 in the production of the receiver of this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 10 or Block 11 in the production of the receiver of the recei

Jethur P. Jewell Se. 2-28-06

FILED