2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G77612

1. Entity Namo

SIGNATURE:

JEWELL EMPIRE CORPORATION



FILED Apr 09, 2007 08:00 All Secretary of State

			500 W. D	
Principal Placo of Business Mailing Address 13309 HIGHWAY 92 E DOVER FL 33527-9170 DOVER FL 33527-9170				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt #, cic		Suito, Api. #, etc.		1st MOORE CR2E034 (10/06)
City & Stato		City & State		4. FEI Number 59-2350120 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
			Namo	
JEWELL, ARTHUR P., SR. 13309 HWY 92 DOVER FL 33527			Street Addres	s (P.O. Box Numbor is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for its statement for some of registered agent.	or the purposo of changing its	s rogistered office or regis	torod agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATORE.	Signature, typed or printed name of registered agen	and little if applicable. (NOT	E-Registered Agent signature requi	ired when reinstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAMI: STREET ADDRESS	P JEWELL, ARTHUR P., SR. 13309 HIGHWAY 92	☐ Delcic	TITLL NAME STREET ADDRESS	Change Addition
CITY-SI-ZIP	DOVER FL		CITY-S1-ZIP	U00000694764 04/17/07-80034-011-158-75
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRLSS CITY-ST-7IP	OTT 117 OT ODOON OF CHaffger 'T Addition
NAMF STREET ADDRESS CITY-ST-ZIP	-	□ Delete	TITLE NAME: STREET ADDRESS CITY - ST-7IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMF STREFT ADDRESS CITY-S1-ZIP	☐ Change ☐ Addilion
NAME STREET ADDRESS CITY - ST - ZIP		☐ Detete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleic	TITLE NAME SIRFET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition .
indicated of the cor	on this report or supplemental report i	s true and accurate and that i powered to execute this repo	my signature shall have th rt as required by Chapter	nod in Section 119, Florida Statutos. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ARthur P. Jewell Sr. 4-4-07