

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H16074

1. Entity Name  
ACKERMAN JEWELERS, INC.



FILED

06 MAR 23 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% RON ACKERMAN  
5335 EHRLICH RD  
TAMPA, FL 33625

Mailing Address

% RON ACKERMAN  
5335 EHRLICH RD  
TAMPA, FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2431678

Applied For

Not Applicable

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

ACKERMAN, RON  
5335 EHRLICH RD  
TAMPA, FL 33625

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

100072289671  
04/27/06--01017--015 \*\*70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ACKERMAN, RON  
STREET ADDRESS 16304 ROCKY POND PL  
CITY-ST-ZIP ODESSA, FL 33556 ☐ Delete

TITLE P  
NAME ACKERMAN, RON  
STREET ADDRESS 16304 ROCKY POND PL  
CITY-ST-ZIP ODESSA, FL 33556 ☐ Change ☐ Addition

TITLE VST  
NAME ACKERMAN, TINA  
STREET ADDRESS 16304 ROCKY POND PL  
CITY-ST-ZIP ODESSA, FL 33556 ☐ Delete

TITLE VS  
NAME ACKERMAN, TINA  
STREET ADDRESS 16304 ROCKY POND PL  
CITY-ST-ZIP ODESSA, FL 33556 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T  
NAME TIM PORRAS  
STREET ADDRESS 1810 CANOE DRIVE  
CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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 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

3-15-06

Date

813-961-7321

Daytime Phone #

K. Eckel MAR 28 2006