

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**ORIGINAL**

**DOCUMENT # H16074**

1. Entity Name  
**ACKERMAN JEWELERS, INC.**



Principal Place of Business

**% RON ACKERMAN  
5335 EHRlich RD  
TAMPA, FL 33625**

Mailing Address

**% RON ACKERMAN  
5335 EHRlich RD  
TAMPA, FL 33625**

**DO NOT WRITE IN THIS SPACE**



01152008 No 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

**ACKERMAN, RON  
5335 EHRlich RD  
TAMPA, FL 33625**

**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

U000000838302  
03/05/08-80025-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACKERMAN, RON
STREET ADDRESS	16304 ROCKY POND PL
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	VS
NAME	ACKERMAN, TINA
STREET ADDRESS	16304 ROCKY POND PL
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	T
NAME	PORRAS, TIM
STREET ADDRESS	1810 CANOE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ron Ackerman* 2/23/08 813-961-7321