


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # H31184 1. Entity Name GEM ORNAMENTALS, INC.	
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Principal Place of Business 15224 C.R. 448 TAVARES, FL 32778	Mailing Address 15224 C.R. 448 TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2496391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENNY, BARBARA K. 15224 C.R. 448 TAVARES, FL 32778	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000642013 03/01/07-80024-016 150.00
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10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>D HENNY, RICHARD J. 15224 C.R. 448 TAVARES, FL</td> <td rowspan="6">DO NOT WRITE IN THIS SPACE</td> </tr> <tr> <td>PD HENNY, BARBARA K. 15224 C.R. 448 TAVARES, FL</td> </tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	D HENNY, RICHARD J. 15224 C.R. 448 TAVARES, FL	DO NOT WRITE IN THIS SPACE	PD HENNY, BARBARA K. 15224 C.R. 448 TAVARES, FL				
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PD HENNY, BARBARA K. 15224 C.R. 448 TAVARES, FL								

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: <i>Barbara K. Henny</i> BARBARA K. HENNY	2.15.07 Date	352-343-0725 Daytime Phone #
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