


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H68260 1. Entity Name F.V. WILBURN JEWELERS, INC.																																										
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 3100 SW 116 AVENUE DAVIE, FL 33330</div><div>Mailing Address 3100 SW 116 AVENUE DAVIE, FL 33330</div></div>																																										
DO NOT WRITE IN THIS SPACE		<div>02042004 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2713680</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2713680	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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6. Name and Address of Current Registered Agent LEVIN, NORMAN S. 4700-B SHERIDAN ST HOLLYWOOD, FL 33021		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PTD</td></tr><tr><td>NAME</td><td>WILBURN, FLOYD VINCENT</td></tr><tr><td>STREET ADDRESS</td><td>3100 SW 116 AVENUE</td></tr><tr><td>CITY-STATE-ZIP</td><td>DAVIE, FL</td></tr><tr><td>TITLE</td><td>VSD</td></tr><tr><td>NAME</td><td>WILBURN, SABRA JEAN</td></tr><tr><td>STREET ADDRESS</td><td>3100 SW 116 AVENUE</td></tr><tr><td>CITY-STATE-ZIP</td><td>DAVIE, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>		TITLE	PTD	NAME	WILBURN, FLOYD VINCENT	STREET ADDRESS	3100 SW 116 AVENUE	CITY-STATE-ZIP	DAVIE, FL	TITLE	VSD	NAME	WILBURN, SABRA JEAN	STREET ADDRESS	3100 SW 116 AVENUE	CITY-STATE-ZIP	DAVIE, FL	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<div>1100000044004 02/11/04-90004-002 150.00</div> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																										
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>Floyd V. Wilburn</u> <u>Floyd V. Wilburn</u> 2-504 954-3702190</div><div style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><small>Date</small> <small>Daytime Phone #</small></div></div>																																										