
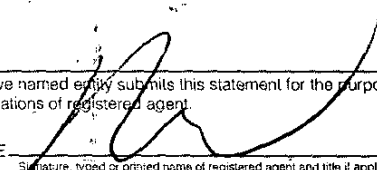
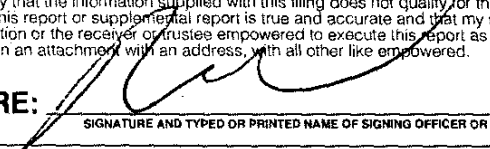


**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90008 001 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # H68585 1. Entity Name GALLEON JEWELERS, INC.			
Principal Place of Business 110 US HWY 1 SEBASTIAN, FL 32958		Mailing Address 110 US HWY 1 SEBASTIAN, FL 32958	
2. Principal Place of Business 110 US HWY 1 Suite, Apt. #, etc.		3. Mailing Address 110 US HWY 1 Suite, Apt. #, etc.	
City & State SEBASTIAN, FL		City & State SEBASTIAN, FL	
Zip 32958		Country US	
4. FEI Number 59-2567109		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 PROVENZANO, RICHARD B. 13509 US HWY #1 SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name PROVENZANO, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 110 US HWY 1 City SEBASTIAN FL Zip Code 32958	
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:  DATE: 7/13/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROVENZANO, RICHARD B. 1845 CRYPPRESS LAKES DR. GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUFF, JENNY M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7807 SAN CARLOS DR FT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 7/13/04 772 589 8813 Signature and Typed or Printed Name of Signing Officer or Director	

54062750



07132004 Chg-P CR2E034 (10/03)

Attachment  
Doc # H68585-  
**TERRY GOFF, P.A.**  
P.O. Box 2574  
Vero Beach, Florida 32961

54062750

1940 10th Avenue, Suite C-1  
Vero Beach, Florida 32960  
(772) 562-5611  
Fax (772) 567-7784

1627 U.S. 1  
Sebastian, Florida 32958  
(772) 589-2728

July 1, 2004

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Galleon Jewelers, Inc  
2004 Uniform Business Report

To Whom It May Concern:

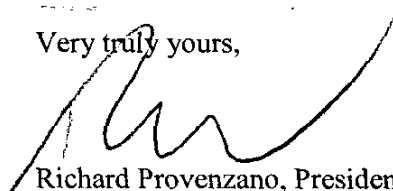
The officer of Galleon Jewelers, Inc., did not receive a Uniform Business Report for 2004.

The address of record is incorrect. When Mr. Provenzano submitted the 2003 Uniform Business Report for Galleon Jewelers, Inc., copy enclosed, he indicated that the address had changed to 1110 US Hwy 1, Sebastian, FL 32958. The 2003 Uniform Business Report was processed with an address change to 110 US Hwy 1, Sebastian, FL 32958.

Consequently, Galleon Jewelers, Inc., did not receive the notification of filing the 2004 Uniform Business Report through no fault of their own and should not be subject to the \$400 penalty for late filing.

Please find enclosed 2004 Uniform Business Report and \$150.00 in payment of the filing fee. The changes which should have been made on the 2003 form have been indicated on the 2004 form.

Very truly yours,



Richard Provenzano, President  
Galleon Jewelers, Inc

Enclosures

Attachment 34062720

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90128 006 \*\*\*150.00

0070897  
FB

**DOCUMENT #** H68585

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



Principal Place of Business  
**% RICHARD B. PROVENZANO  
13500 US HWY #1  
SEBASTIAN FL 32958**

Mailing Address  
**% RICHARD B. PROVENZANO  
13500 US HWY #1  
SEBASTIAN FL 32958**



2. Principal Place of Business  
1110 US Hwy #1

3. Mailing Address  
1110 US Hwy #1

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Sebastian, FL

City & State  
Sebastian, FL

Zip  
32958

Country

4. FEI Number  
**59-2567109**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PROVENZANO, RICHARD B.  
13500 US HWY #1  
SEBASTIAN, FL 32958**

1110 US Hwy #1

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PROVENZANO, RICHARD B.	
STREET ADDRESS	8300 VICTORIA DR.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1845 Cypress Lakes Dr	
CITY-ST-ZIP	GRAFT, FL 32949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED x 1/14/03 772 85898813  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (10/02)