


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H68585**  
 1. Entity Name  
**GALLEON JEWELERS, INC.**



Principal Place of Business      Mailing Address  
 1110 US HWY 1                      1110 US HWY 1  
 SEBASTIAN, FL 32958              SEBASTIAN, FL 32958

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2567109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 PROVENZANO, RICHARD B.  
 1110 US HWY 1  
 SEBASTIAN, FL 32958

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000188745  
 01/24/05-80068-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROVENZANO, RICHARD B. 1845 CRYPRESS LAKES DR. GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUFF, JENNY M 7807 SAN CARLOS DR FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: **1/19/05**      Daytime Phone #: **772-589-8813**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR