


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90147 026 \*\*\*150.00

**DOCUMENT # H68585**

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



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

Mailing Address  
**1110 US HWY 1**  
**SEBASTIAN, FL 32958**

2. Principal Place of Business - No P.O. Box #  
**1119 CO ROAD 92**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2932 ROSS CLARK CIR**  
**345**  
 Suite, Apt. #, etc.

City & State  
**ABBEVILLE, AL**

City & State  
**DOTHAN, AL**

Zip  
**36310**

Country  
**USA**

Zip  
**36301**

Country  
**US**

40093100



04182008 Chg-P CR2E034 (12/06)

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.**  
**1110 US HWY 1**  
**SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent

Name  
**TERRY GOFF**

Street Address (P.O. Box Number is Not Acceptable)  
**1940 10TH AVE STE C**

City  
**VERO BEACH FL**

Zip Code  
**32960**

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: *Terry Goff* (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROVENZANO, RICHARD B. 1845 CRYPRESS LAKES DR. GRANT, FL 32949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROVENZANO, RICHARD B. 2932 ROSS CLARK CIR #345 DOTHAN, AL 36301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY GOFF 1940 10TH AVE STE C VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Terry Goff* **4-30-08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #