

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 049 \*\*\*158.75

**DOCUMENT # H82860**

1. Entity Name  
**THE GOLD MINE JEWELRY EXCHANGE, INC.**



Principal Place of Business

~~7005 RIVERGATE AVE.~~  
**3835 NORTH 50TH STREET-SUITE D**  
**TAMPA, FL 33619**

Mailing Address

~~7005 RIVERGATE AVE.~~  
**3835 NORTH 50TH STREET-SUITE D**  
**TAMPA, FL 33619**

40033306



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2617929**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~CLONTS JOHN H.~~ **RON PORRAT, CPA**  
~~7005 RIVERGATE AVE.~~ **6702 N. GULLOCK AVE**  
~~TEMPLE TERRACE FL 33617~~ **TAMPA FL. 33614**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/13/07**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	<del>CLONTS JOHN</del>
STREET ADDRESS	<del>7005 RIVERGATE AVE.</del>
CITY-ST-ZIP	<del>TAMPA, FL 33617</del>
TITLE	COM
NAME	<b>WILLIAM DEATON</b>
STREET ADDRESS	<b>3835 N 50TH ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/07**

DATE

Daytime Phone #