

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J96931**

1. Entity Name  
**VILLAGE JEWELER OF PONTE VEDRA, INC.**



Principal Place of Business  
**880 SAWGRASS VILLAGE  
PONTE VEDRA, FL 32082**

Mailing Address  
**880 SAWGRASS VILLAGE  
PONTE VEDRA, FL 32082**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2847343**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JAMELE, NICHOLAS  
1213 SALT CREEK POINTE WAY  
PONTE VEDRA BEACH, FL 32082**

**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)

DATE \_\_\_\_\_

**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

1000000230341  
02/15/05-80039-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JAMELE, NICHOLAS
STREET ADDRESS	1213 SALT CREEK POINTE WAY
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	WATTS, WILL S. JR.
STREET ADDRESS	12542 HIGHVIEW DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	PD
NAME	FELDER, RICHARD
STREET ADDRESS	136 SHELBY COVE CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD FELDER**

Date

**2/12/05**

Daytime Phone #

**904 285-4812**