


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90027 010 \*\*\*150.00

**DOCUMENT # K13030**  
 1. Entity Name  
**THE WEDDING RING STORE, INC.**



Principal Place of Business  
**C/O RONALD E GANN  
 6100-B W. FAIRFIELD DR  
 PENSACOLA FL 32506  
 US**

Mailing Address  
**C/O RONALD E GANN  
 6100-B W. FAIRFIELD DR  
 PENSACOLA FL 32506  
 US**

2. Principal Place of Business  
**3510 APPLEWOOD LANE**

3. Mailing Address  
**P.O. Box 915**

Suite, Apt. #, etc.

City & State  
**CANTONMENT, FL**

City & State  
**CANTONMENT, FL**

Zip  
**32533**

Country  
**ESCAMBIA**

Zip  
**32533**

Country  
**ESCAMBIA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**GANN, RONALD E  
 6100-B W. FAIRFIELD DR  
 PRNSACOLA FL 32506**

7. Name and Address of New Registered Agent  
 Name **RONALD E. GANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3510 APPLEWOOD LANE**  
 City **CANTONMENT** FL Zip Code **32533**

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 *Ronald E. Gann* (**RONALD E. GANN**) DATE **04-14-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 | NAME           | STREET ADDRESS         | CITY-ST-ZIP        | Delete                              |
|-------|----------------|------------------------|--------------------|-------------------------------------|
| DP    | GANN, RONALD E | 6100-B W. FAIRFIELD DR | PENSACOLA FL 32506 | <input checked="" type="checkbox"/> |
|       |                |                        |                    | <input type="checkbox"/>            |
|       |                |                        |                    | <input type="checkbox"/>            |
|       |                |                        |                    | <input type="checkbox"/>            |
|       |                |                        |                    | <input type="checkbox"/>            |
|       |                |                        |                    | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME           | STREET ADDRESS     | CITY-ST-ZIP       | Change                              | Addition                 |
|-------|----------------|--------------------|-------------------|-------------------------------------|--------------------------|
| DP    | HERMAN BRADLEY | 2807 PEA RIDGE RD. | BREWTON, AL 36426 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/> |

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 *Herman Bradley* **HERMAN BRADLEY** DATE **04-14-04**