

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K13030**

1. Entity Name  
**THE WEDDING RING STORE, INC.**



Principal Place of Business  
**3510 APPLEWOOD LANE  
CANTONMENT, FL 32533 US**

Mailing Address  
**P.O. BOX 915  
CANTONMENT, FL 32533 US**



03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2865670</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**

**GANN, RONALD E  
3510 APPLEWOOD LANE  
CANTONMENT, FL 32533**

**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, 2008 Fee will be \$550.00**

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

U00000932817

05/22/08 80063-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	GANN, PHYLLIS S
STREET ADDRESS	3341 SCHIFKO RD
CITY-ST-ZIP	CANTONMENT, FL 32533

TITLE	PD
NAME	GANN, RONALD E
STREET ADDRESS	3341 SHIFKO RD
CITY-ST-ZIP	CENTURY, FL 32535

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:** *Ronald Gann* **RONALD GANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-25-08*  
Date

*(850) 456-7604*  
Daytime Phone #