

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L39919	
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1. Entity Name
SAUNDERS JEWELERS, INC.

Principal Place of Business
**% STANLEY C. SAUNDERS
P.O. BOX 480
MARIANNA, FL 32447**

Mailing Address
**% STANLEY C. SAUNDERS
P.O. BOX 480
MARIANNA, FL 32447**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3096636

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUNDERS, STANLEY C.
4416 LAFAYETTE ST
MARIANNA, FL 32446**

**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, name of registered agent and title is applicable)

(NOTE: Registered Agent Signature required when consulting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000150012
05/07/04-80004-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAUNDERS, STANLEY C.
STREET ADDRESS	P.O. BOX 480 N/A
CITY-STATE-ZIP	MARIANNA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 850526 8356

Date

Secretary of State