2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUI	MENT # L41755 •	- 1				Secretary of State 03-25-2005 90027 021 ***150.00						
RELIABLE	E JEWELRY & PAWN INC.	-				U	3-23-2003 90	002/ 021 ***	"130.U)()		
Principal Place	e of Business	Mailing Address	_									
1820 AIRPO NAPLES FL US		1820 AIRPORT RD S NAPLES FL 34112 US	-			(1111)		enel bill blên bibil b	18 fl 818fl B11		De 11 faul	
2. Principal P	lace of Business	3. Mailing Address								:		
	45 Collier Blvd.	12445 Collier Blvd.				ì (III)	ILII RH DILLI IIAH ILBO I	LUBI BUJ BUBI BIBN B			# 11 1334	
Suite, Apt.	#, etc.	Suite: Aprimete Colling Plycl.			•	1st	MOORE	CR2E034	(10/04)		
City & State		City & State			4. FE	El Numbe	ef 65-01651	84		+	lied For	
Zip Nar	oles, FL 34116	Naples, FL 3			<u> </u>				\$8.75		Applicable	
	Souria,			-,	5. Certific		of Status Desired		Fee Req		OHA:	
	6. Name and Address of Current	7, Na	ame and	Address of Nev	v Registered A	gent						
CHEFFY, JANE YEAGER					Name							
2375 TAMIAMI TRAIL N. #207					Street Address (P.O. Box Number is Not Acceptable)							
NAF												
				City		•		FL	Zip (Code		
	named entity submits this statement for	or the purpose of changing its	registere	ed office or	registered age	nt, or bo	th, in the State of	Florida. I am 1	amiliar v	vith, a	nd accept	
the obligat	tions of registered agent.		J									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if conicable (NOTE		d Agent signatu	re required when rein	nstalina)		DATE				
070.0000	Company of the Compan	87.58.08.I				······································	<u></u>	-				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o						9. Election Car Trust Fund (•	O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	·····	ADC	DITIONS	CHANGES TO C	FFICERS AND	DIRECT	TORS	IN 11	
TITLE	DP	☐ Delete	TITLE		DP				🔼 Char	nge	Addition	
NAME STREET ADDRESS	AMIDON, PETER C 739 OLD TRAIL DR		MAM STOR	ET ADDRESS			eter C.					
CITY-ST-ZIP	NAPLES FL			-SI-ZIP			Street	NE				
TITLE	VST	☐ Delete	TITLE		-мартез VST	, F.1	34120		X ☐ Char	nge	☐ Addition	
NAME	AMIDON, PETER C		NAM	- 1		. Pe	eter C.					
STREET ADDRESS CITY-ST-ZIP	39 OLD TRAIL DR APLES FL			ET ADDRESS -ST-ZIP	370 22nd Street NE							
TITLE	I I I I I I I I I I I I I I I I I I I	Delete	TITLE		Naples	-FI	34120		☐ Char	nae	Addition	
NAME		Delete	NAM									
STREET ADDRESS				ET ADDRESS	. <u>-</u>	•	- · · -	* · · · · · · · · · · · · · · · · · · ·	-			
CITY-ST-ZIP				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
TITLE NAME		☐ Delete	TITLE	i					☐ Char	nge	☐ Addition	
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-Z(P								
TITLE		☐ Detete	THTLE						Cha	nge	☐ Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS								
CITY-ST-ZIP				-ST-ZIP								
TITLE		☐ Delete	TITLE	E					☐ Char	nge	Addition	
NAME CLOSEL ADDRESS			NAM	- 1								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP								
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	r the exe	mption stat	ed in Section 1	19.07(3)	(i), Florida Statut	es. I further cer	tify that	the inf	ormation	
indicated of the cor	d on this report or supplemental report reporation or the receiver or trustee emp	is true and accurate and that r powered to execute this report	ny signa as requi	ture shall ha	ave the same le	egal effe	ct as if made unc	ler oath; that I a	am an of	ficer o	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: Peter C. Amidon Prosident: 03-21-2005 239 348-8388

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Description Phone #