2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2006 08:00 AM Secretary of State DOCUMENT# P01000005602 1. Entity Name THE JEWELL FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 2729 SR 580 2729 SR 580 SUITE C SUITE C CLEARWATER, FL 33761 CLEARWATER, FL 33761 02062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3691627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 401 S. LINCOLN AVE. DO NOT WRITE CLEARWATER, FL 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, Signarure, types or printed name of registered agent and title it applicable. (NOTE: Registered Agen) signature required when reinstalings DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550,00 Added to Fees 10. OFFICERS AND DIRECTORS DTLL BBBBBBB47<u>121</u>7 JEWELL, KENNETH F NAME 83/28/86-80045-011 150.00 STREET ADDRESS 2729 SR 580 CITY-ST-ZIP CLEARWATER, FL 33761 SITLE MARKE STREET ADDRESS CITY-ST-70 muNAME STRUCT ADDRESS DO NOT WRITE City-St-20P IN THIS SPACE NAME STRUET ADDRESS CITY-ST-ZIP NAME STREET ANDRESS

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer or direction the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an altaphinent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

THLE

NAME

STREET ADDRESS

DITY-ST-ZIP

SIGNATURE AND TYPED OR PHATED NAME OF SIGNING OFFICER OR DIRECTOR

2/01 727-723-367

FILED

Daytime Phone #