

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000079876

1. Entity Name

JEWELRY TRADE HEADQUARTERS, INC.



Principal Place of Business

4456 LAKESIDE AVENUE
N. FORT MYERS, FL 33903

Mailing Address

4456 LAKESIDE AVENUE
N. FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number

61-1405363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERNOW, BRUCE
4456 LAKESIDE AVENUE
NORTH FORT MYERS, FL 33903

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000091417
03/18/04 00000-000 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE D
NAME WERNOW, BRUCE
STREET ADDRESS 4456 LAKESIDE AVENUE
CITY-ST-ZIP N. FORT MYERS, FL 33903

TITLE D
NAME WERNOW, JANE
STREET ADDRESS 4456 LAKESIDE AVENUE
CITY-ST-ZIP N. FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BRUCE J. WERNOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

DATE

(239) 433-3351

PHONE NUMBER