2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000107090

1. Entity Name
FLORENTINE JEWELRY, INC.

Principal Place of Business	Mailing Address
1024 HIGHWAY A1A #116 SATELLITE BEACH, FL 32937	C/O TAYLORS 3150 N. WICKHAM ROAD #3 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

05222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3754351
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RICHARD E
3150 N. WICKHAM ROAD
SUITE 3
MELBOURNE, FL 32935

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.

000000588821
06/02/06-80005-021 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ARMANNO, NUNZIO L
STREET ADDRESS	2616 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	ST
NAME	ARMANNO, AMANDA
STREET ADDRESS	2616 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE, FL 32935
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	

05222006 No Chg-P CR2E031 (11/05)

4. FEI Number
59-3754351
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

☐ $5.00 May Be Added to Fees

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: _____ PRESIDENT 5/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #