

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90013 041 ***150.00

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1. Entity Name
CHRISTINE'S JEWELRY BY DESIGN, INC.



Principal Place of Business

13550 Reflections Pkwy
Suite 2-201
FT MYERS FL 33907

Mailing Address

13550 Reflections Pkwy
Ste 2-201
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0004133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUWERS, THOMAS R
1619 PERIWINKLE WAY, SUITE 102
SANIBEL, FL 33957

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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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PARA BOSCHI, CHRISTINE M.
STREET ADDRESS	11046 LAKELAND CIRCLE
CITY-ST-ZIP	FT MYERS FL 33913
TITLE	V
NAME	LOUWERS, THOMAS R
STREET ADDRESS	1195 SAND CASTLE RD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	T
NAME	LOUWERS, THERESA E
STREET ADDRESS	1195 SAND CASTLE RD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE:

Theresa E Louwers **THERESA E LOUWERS, T.** **2/14/04** **239-466-4949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #