

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 049 ***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
FORT MYERS, FL 33907**

Mailing Address
**13550 REFLECTIONS PKWY
SUITE 2-201
FORT MYERS, FL 33907**

400001



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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.

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, 2008 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	PARABOSCHI, CHRISTINE M
STREET ADDRESS	11046 LAKELAND CIRCLE
CITY-ST-ZIP	FORT 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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08
Date

239-466-9919
Daytime Phone #