

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90041 025 \*\*\*150.00

DOCUMENT # P02000047241

1. Entity Name  
LUIS VALENCIA JEWELERS, INC.



Principal Place of Business  
1346 N RAILROAD AVE  
CHIPLEY, FL 32428

Mailing Address  
1346 N RAILROAD AVE  
CHIPLEY, FL 32428

2. Principal Place of Business - No P.O. Box #  
816 FALLING WATERS ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
816 FALLING WATERS ROAD  
Suite, Apt. #, etc.

City & State  
CHIPLEY, FLORIDA

City & State  
CHIPLEY, FLORIDA

Zip  
32428

Country  
USA

Zip  
32428

Country  
USA

01252007

Chg-P

CR2E034 (12/06)

4. FEI Number  
01-0686159

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VALENCIA, LUIS F  
1346 N RAILROAD AVE  
CHIPLEY, FL 32428

## 7. Name and Address of New Registered Agent

Name  
LUIS F. VALENCIA

Street Address (P.O. Box Number is Not Acceptable)  
816 FALLING WATERS ROAD

City  
CHIPLEY

FL

Zip Code  
32428

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

1-28-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VALENCIA, LUIS F  
2216 ORANGE HILL ROAD  
CHIPLEY, FL 32428 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VALENCIA, MARY ANN  
2216 ORANGE HILL ROAD  
CHIPLEY, FL 32428 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

1-28-07

850-638-9412