


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90048 009 ***150.00

DOCUMENT # P03000000823

1. Entity Name
ROB STEIN JEWELRY DESIGNS, INC.



J4U22441



Principal Place of Business Mailing Address
ORMOND BEACH MALL, 1200-1294 OCEAN SHORE BLVD. #2A ORMOND BEACH, FL 32176 US


2. Principal Place of Business 3. Mailing Address
The Ormond Mall The Ormond Mall
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1236 A Ocean Shore Blvd 1236 A. Ocean Shore Blvd

City & State City & State
Ormond Beach, FL. Ormond Beach, FL.
 Zip Country Zip Country
32176 Volusia 32176 Volusia

1132004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-3764775 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEINGINGER, ROBERT R
2407 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent
 Name **Steininger, Robert R**
 Street Address (P.O. Box Number is Not Acceptable)
420 Jessamine Av
 City **Daytona Beach FL** Zip Code **32118**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STEINGINGER, ROBERT
STREET ADDRESS	2407 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steininger, Robert
STREET ADDRESS	420 Jessamine Av
CITY-ST-ZIP	Daytona Beach, Fl. 32118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:  **Robert Steininger** 2-27-04 586-441-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #