



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90011 007 ***150.00

DOCUMENT # P03000011184 1. Entity Name ART MEADOWS JEWELRY INC.					
Principal Place of Business 3810 SE 3RD ST. OCALA, FL 34471			Mailing Address 3810 SE 3RD ST. OCALA, FL 34471		
2. Principal Place of Business 2206 E. SILVER SP. BLVD Suite, Apt. #, etc.		3. Mailing Address 15030 NE 85TH PLACE Suite, Apt. #, etc.			
City & State OCALA FL		City & State SILVER SPRINGS FL		4. FEI Number 11-3676400	
Zip 34470		Zip 34488		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEADOWS, JANICE 3810 SE 3RD ST. OCALA, FL 34471			7. Name and Address of New Registered Agent Name JANICE MEADOWS Street Address (P.O. Box Number is Not Acceptable) 15030 NE 85TH PLACE City SILVER SPRINGS FL Zip Code 34488		
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 <u><i>X Janice L. Meadows</i></u> DATE <u>1/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MEADOWS, ART 3810 SE 3RD ST. OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MEADOWS, ART 15030 NE 85TH PL SILVER SPRINGS FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MEADOWS, JANICE 3810 SE 3RD ST. OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MEADOWS, JANICE 15030 NE 85TH PL SILVER SPRINGS FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Janice L. Meadows</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/12/04</u> (352) Daytime Phone # <u>620-0200</u>		