

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000027176

1. Entity Name
MAIN STREET JEWELRY, INC.



Principal Place of Business
500 MAIN ST STE A
SAFETY HARBOR, FL 34695

Mailing Address
500 MAIN ST STE A
SAFETY HARBOR, FL 34695



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0449684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, SHAUN M
500 MAIN ST STE A
SAFETY HARBOR, FL 34695

**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: _____ (NOTE: Registered Agent signature required when reissuing) 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

U000000896321
04/25/08-80003-007 150.00

10. OFFICERS AND DIRECTORS

DP
NAME: SHEA, SHAUN M
SUB-E-ADDRESS: 500 MAIN ST STE A
CITY-STATE-ZIP: SAFETY HARBOR, FL 34695

DV
NAME: SHEA, DONNA J
SUB-E-ADDRESS: 500 MAIN ST STE A
CITY-STATE-ZIP: SAFETY HARBOR, FL 34695

NAME:
SUB-E-ADDRESS:
CITY-STATE-ZIP:

NAME:
SUB-E-ADDRESS:
CITY-STATE-ZIP:

NAME:
SUB-E-ADDRESS:
CITY-STATE-ZIP:

NAME:
SUB-E-ADDRESS:
CITY-STATE-ZIP:

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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

Shaun Shea
President

4/9/09

Daytime Phone #