


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000052091  
 1. Entity Name  
 GAERTNERS JEWELERS SUPPLY, INC.



Principal Place of Business 1950 LEE RD SUITE 100 WINTER PARK, FL 32789	Mailing Address 1950 LEE RD SUITE 100 WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1446018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GAERTNER, LEONIDAS  
 4096 WATERVIEW LOOP  
 WINTER PARK, FL 32792

**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 except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000468445 03/24/06-80031-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAERTNER, LEONIDAS
STREET ADDRESS	4096 WATERVIEW LOOP
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	GAERTNER, PATRICIA R.
STREET ADDRESS	4096 WATERVIEW LOOP
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  3/13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #