

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000061722

1. Entity Name
WESLEY SHEPERD JEWELERS INC.



Principal Place of Business
8221 GLADES RD.
BOCA RATON, FL 33434

Mailing Address
8221 GLADES RD.
BOCA RATON, FL 33434



04182005 No Chg-P CR2E034 (10/03)

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4. FEI Number
06-1697966

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPERD, WESLEY
8221 GLADES RD.
BOCA RATON, FL 33434

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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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPERD, WESLEY
STREET ADDRESS	8221 GLADES ROAD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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05/09/05-80022-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

W. SHEPERD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date

Daytime Phone #