2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000070943

1. Entity Name
DAKOTA JEWELERS, INC.

Principal Place of Business	Mailing Address
4321 N. TAMIAMI TR. NAPLES, FL 34103	4321 N. TAMIAMI TR. NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02132007   No Chg-P   CR2E034 (11/05)

4. FEI Number 40-0139012	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MAST, CHRISTOPHER E ESQUIRE
1059 5TH AVENUE NORTH
NAPLES, FL 34102

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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, 2007 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/D
NAME	PHELPS, FRANCES
STREET ADDRESS	4321 N. TAMIAMI TR.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	TSD
NAME	SCHWARZ, OMER
STREET ADDRESS	4321 N. TAMIAMI TR.
CITY-ST-ZIP	NAPLES, FL 34103
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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02/27/07-80010-008 150.00

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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.

(239)

SIGNATURE: _____   2/14/07   436-6692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #