

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90373 024 \*\*\*150.00

DOCUMENT # P04000002742

1. Entity Name

ADAMS FINE JEWELRY, INC.



Principal Place of Business

15034 DEER MEADOW DRIVE  
LUTZ FL 33559

Mailing Address

15034 DEER MEADOW DRIVE  
LUTZ FL 33559



2. Principal Place of Business

14802 N. Dale Mabry

3. Mailing Address

14802 N Dale Mabry

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

USA

Zip

33618

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0561190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPSTEIN, ADAM  
15034 DEER MEADOW DRIVE  
LUTZ FL 33559

7. Name and Address of New Registered Agent

-Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME EPSTEIN, ADAM  
STREET ADDRESS 15034 DEER MEADOW DRIVE  
CITY-ST-ZIP LUTZ FL 33559

TITLE S ☐ Delete  
NAME EPSTEIN, EDWARD E  
STREET ADDRESS 15207 N. DALE MABRY HWY  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EPSTEIN, EDWARD E. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6135 DAVIDY CRL  
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adam Epstein Pres. 2-23-05 8139628553