1 of 2

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2005-90029-006-$150.00-$150.00

FILED

05 OCT 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1st MOORE CR2E034 (10/04) 05

DOCUMENT # P04000109213

1. Entity Name

JEWELERS BENCH, INC.

Principal Place of Business	Mailing Address
1603 WEST EDGEWOOD AVE., UNIT 3 JACKSONVILLE FL 32208	1603 WEST EDGEWOOD AVE., UNIT 3 JACKSONVILLE FL 32208

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0263512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARGROVE, RONALD 4036 CLYDE DR. JACKSONVILLE FL 32208	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HARGROVE, RONALD 4036 CLYDE DR. JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGROVE, GWENDOLYN 4036 CLYDE DR. JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Ronald Hargrove Ronald Hargrove 7/10/05 904-765-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell OCT 26 2005

FLORida Department of State

FROM.

Jewelers Bench Inc.

Why should I have to pay a 400.00 Lat Fee when I did not even get a ReINStatement ANNual Report at all. The only Annual Report that I have Receive is the one that you all sent me after you all sent me a card saying that I was late. I was All Ready late when the card came and when I mailed the card back then you all sent me back a Annual Report and I did Not get it until about Sep 7 2015, I feel that the 400.00 Dollars should be Waive because I Receive the ReINStatement Annual Report late.