## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 11, 2005 8:00 am DOCUMENT # P04000158355 **Secretary of State** REGINA'S FINE JEWELRY, INC. 07-11-2005 90200 018 \*\*\*150.00 Principal Place of Business Mailing Address 15 NW 1ST AVENUE P.O. BOX 426 HIGH SPRINGS, FL 32643 HIGH SPRINGS, FL 32655 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 CR2E034 (10/03) Cho-P City & State City & State Applied For 4. FEI Number *20-*Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS - QUICK, REGINA E Street Address (P.O. Box Number is Not Acceptable) 15 NW 1ST AVNEUE HIGH SPRINGS, FL 32643 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE □ Detete TITLE Change Addition PHILLIPS - QUICK, REGINA E NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 393 CITY-ST-ZIP HIGH SPRINGS, FL 32655 CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE PHILLIPS, NETHRA NAME NAME STREET ADDRESS P.O. BOX 393 STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32655 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE PHILLIPS - QUICK, REGINA E NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 393 CITY-ST-ZIP HIGH SPRINGS, FL 32655 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Oelete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SUPPLIED ON PRINTEGINAME OF SUNING OFFICER OR DIRECTOR

July 2,2005

(386) 454-3776

FILED