


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000158355 1. Entity Name REGINA'S FINE JEWELRY, INC.	
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Principal Place of Business 15 NW 1ST AVENUE HIGH SPRINGS, FL 32643 US	Mailing Address POB 426 HIGH SPRINGS, FL 32643 US
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04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1867210	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS - QUICK, REGINA E
15 NW 1ST AVNEUE
HIGH SPRINGS, FL 32643

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000939902
05/28/08-80044-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS - QUICK, REGINA E POB 426 HIGH SPRINGS, FL 32655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PHILLIPS, NETHRA POB 426 HIGH SPRINGS, FL 32655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHILLIPS - QUICK, REGINA E POB 426 HIGH SPRINGS, FL 32655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAVALA, CANDY E PO BOX 1632 HIGH SPRINGS, FL 32655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #