## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000159105**

1. Entity Name



MICHAEL & CO. JEWELERS, INC.

Principal Place of Business

5221 OCEAN BLVD

SARASOTA, FL 34242

Mailing Address

5221 OCEAN BLVD

SARASOTA, FL 34242

## **FILED** Apr 20, 2006 08:00 AN Secretary of State



DO N	OT	WR	ITE	IN	THIS	SPA	CE
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6. Name and Address of Current Registered Agent

01192006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-1918540 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MORTON, MICHAEL E 5221 OCEAN BLVD

SARASOTA, FL 34242

## 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.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE Registered	d Agent signature required when reinstating)	DATE					
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be						
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTON, MICHAEL E 5221 OCEAN BLVD #5 SARASOTA, FL 34242		Marie of the St. Antonio and an analysis	Unnnons21081 05/02/06-80122-016 150_00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. #						
TITLE NAMC STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE					
TITLE NAME Street address City+S1-ZIP			IN THIS SPACE						
NAME STREET ADDRESS CITY-ST-ZIP									
IITLE NAME STREET ADDRESS CITY - ST - ZIP									

12. I hereby certify that the information supplied with this filling 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