


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000160660 1. Entity Name J & G JEWELERS OF PLANT CITY INC	
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Principal Place of Business 15522 W J VALLEY RD PLANT CITY, FL 33567	Mailing Address 15522 W J VALLEY RD PLANT CITY, FL 33567 US
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1237564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, GLADYS 15522 W J VALLEY RD PLANT CITY, FL 33567

**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 N/A (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLADYS, JONES 15522 W J VALLEY RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGELA, JONES 15522 W J EDWARDS RD PLANT CITY, FL 33567
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05/27/08-80001-012 158.75

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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: Gladys M Jones 4-24-08 813-752-9629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone