


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90004 049 \*\*\*150.00

**DOCUMENT # P04000171091**

1. Entity Name  
**BOULEVARD JEWELERS INC.**



Principal Place of Business: **150 BEACH AVE. REDINGTON SHORES, FL 33708**

Mailing Address: **150 BEACH AVE. REDINGTON SHORES, FL 33708**

**50026563**



02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: **73 170<sup>th</sup> AVE E.**

3. Mailing Address:

Suite, Apt. #, etc.

City & State: **N. Redington Bch**

City & State:

Zip: **33708** Country: **USA**

4. FCI Number: **20-2124898**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

**GILLIAM, SHAYNE R.**  
**150 BEACH AVE.**  
**REDINGTON SHORES, FL 33708**

7. Name and Address of New Registered Agent:

Name: **73 170<sup>th</sup> AVE E**

Street Address (P.O. Box Number is Not Acceptable): **N. REDINGTON Bch**

City: **FL** Zip Code: **33708**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>GILLIAM, SHAYNE R.</b>	
STREET ADDRESS: <b>150 BEACH AVE.</b>	
CITY, ST, ZIP: <b>REDINGTON SHORES, FL 33708</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GILLIAM, SHAYNE R.</b>	
STREET ADDRESS: <b>73 170<sup>th</sup> AVE E.</b>	
CITY, ST, ZIP: <b>N. REDINGTON Bch. FL 33708</b>	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

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: *Shayne R. Gilliam* **SHAYNE R. Gilliam** *President* **9/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

737-392-5866

ATTACHMENT

Document # P04000171091  
500265-63

8/22/06

To Whom it may concern;

I just received this from my regular postman who was on sick leave, my address has changed my new address is listed on this document enclosed also a check for 150.00 fee.

Thank you for your attention on this matter.

Ray Gill  
Bourbon Jones