

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 046 ***158.75

DOCUMENT # P05000018749

1. Entity Name
FAMILY JEWELS OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

~~13808 NW 21ST LANE~~
~~GAINESVILLE, FL 32606~~

13808 NW 21ST LANE
GAINESVILLE, FL 32606

Newberry Rd 32669

2. Principal Place of Business

3. Mailing Address

14029 W. Newberry Rd #40
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Newberry, FLA.

City & State

Zip
32669

Country
USA

Zip

Country

02202006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-4067190

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, JUDITH A
13808 NW 21ST LANE
GAINESVILLE, FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input type="checkbox"/> Delete
NAME	ERICKSON, JUDITH A	
STREET ADDRESS	13808 NW 21ST LANE	
CITY - ST - ZIP	GAINESVILLE, FL 32606	
TITLE	D S	<input type="checkbox"/> Delete
NAME	ERICKSON, MICHAEL A	
STREET ADDRESS	13808 NW 21ST LANE	
CITY - ST - ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #