


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90041 015 ***550.00

DOCUMENT # P05000029536	
1. Entity Name BAY JEWELRY COMPANY.COM	

Principal Place of Business 5848 HERONRISE CRESCENT DRIVE LITHIA FL 33547	Mailing Address 5848 HERONRISE CRESCENT DRIVE LITHIA FL 33547
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2. Principal Place of Business 15759 Fishhawk Falls Drive	3. Mailing Address 15759 Fishhawk Falls Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Lithia, Florida	City & State Lithia, Florida
Zip 33547	Country Hillsborough
Zip 33547	Country Hillsborough

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELSON, KAREN 5848 HERONRISE CRESCENT DRIVE LITHIA FL 33547	7. Name and Address of New Registered Agent Name Nelson, Karen Street Address (P.O. Box Number is Not Acceptable) 15759 Fishhawk Falls Drive City Lithia FL Zip Code 33547
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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 Karen Nelson	Karen Nelson, owner	DATE 8-6-06
<small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>		

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NELSON, KAREN 5848 HERONRISE CRESCENT DRIVE LITHIA FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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	
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SIGNATURE: Karen Nelson	Karen Nelson, owner	DATE 8-6-06	DAYTIME PHONE # 813-684-5690
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>