2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

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1. Entity Nam	MENT # P050000774 DA JEWELERS, INC.	29				Secreta	ıry of St
177 E GRAN	ce of Business IADA BLVD. :ACH, FL 32176 US	Mailing Address 177 E GRANADA BLVD. ORMOND BEACH, FL 32176	US			in Berii ierii, (1845 4/8/1	
	the second secon		* * * *				
	O NOT WRITE	IN THIS SPA	CE	01302008 4. FEI Numbe	No Chg-P	CR2E034 (11	I/05) Applied For
				20-291	5697		Not Applicable
Striet, en.	and the second s	Capaco anon a	33 * 64 , 50 , 7	5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Reg	jistered Agent		of the second			
MILLER, WILLIAM T JR 177 E GRANADA BLVD ORMOND BEACH, FL 32176				121	NOT W	A STATE OF THE STA	
			, as a	4			
	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bol	th, in the State of Flo	orida. I am familia	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and to	otle if applicable (NOTE: Registere	d Agent signature required	(when reinstating)	.,,	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	U0000i 05/13/08	0916646 80008-024	1 150.00
10.	OFFICERS AND DIR	RECTORS	d of the	i Tirlin		An Their Man	
TITLE	P		,		THE PERSON	, a white	
NAME STREET ADDRESS	MILLER, WILLIAM T JR 177 E GRANADA BLVD		1. 1. 1. 1.	glea Adamana	The land of the line	The King I	angle in 1
CITY-ST-ZIP	ORMOND BEACH, FL 32176		4.7		Annagas		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, CONNIE M 177 E GRANADA BLVD. ORMOND BEACH, FL 32176		ge to the top of	The second second			
TITLE NAME	1		,				
STREET ADDRESS CITY-ST-ZIP	j		in sign to see	DÖ	NOT W	RITE	
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NAME STREET ADDRESS CITY-ST-ZIP			* * * * * * * * * * * * * * * * * * * *				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRID ED NAME OF SIGNING OFFICER OR DIRECTOR

Spril 13, 2008

Daytime Phone #