2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2007 90084 006 ***150.00
P06000052584

FILED
07 MAY 30 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000052584

1. Entity Name
JEWELLS' CCS, INC.

Principal Place of Business	Mailing Address
3205 PRINCESS DIANA BLVD. PVT. ORLANDO, FL 32818	3205 PRINCESS DIANA BLVD. PVT. ORLANDO, FL 32818

2. Principal Place of Business - No P.O. Box # 3205 Princess Diana
Suite, Apt. #, etc.

3. Mailing Address Same
Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State Orlando FL.
Zip 32818 Country USA

City & State
Zip Country

4. FEI Number 98-0151557 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, MARY L
3205 PRINCESS DIANA BLVD.
PVT.
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

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 Mary Jordan, Mary Jordan 5-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00
Notified today about filing

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 NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete JORDAN, MARY L 3205 PRINCESS DIANA BLVD. ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete JORDAN, TERRY A 3205 PRINCESS DIANA BLVD. ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mary L Jordan, Mary L. Jordan 5-1-07 407-286-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with Terry Jordan on 5/30

JC 5/30