


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

04-27-2006 90220 028 ***150.00

DOCUMENT # P94000074091			
1. Entity Name VAN'S JEWELERS, INC.			
Principal Place of Business 1241 SEMORAN BLVD. CASSELBERRY, FL 32707		Mailing Address 1241 SEMORAN BLVD. CASSELBERRY, FL 32707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>1271 SEMORAN BLVD</i>		Suite, Apt. #, etc. <i>1271 SEMORAN</i>	
City & State <i>CASSELBERRY FL</i>		City & State <i>CASSELBERRY FL</i>	
Zip <i>32707</i>		Country	
4. FEI Number 59-3281599		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAN, LONG VAN 1241 SEMORAN BLVD. CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1271 SEMORAN BLVD</i> City <i>CASSELBERRY</i> FL Zip Code <i>32707</i>	
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 <i>LONG VAN TRAN</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD TRAN, LONG VAN 1241 SEMORAN BLVD. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TRAN LONG VAN</i> <i>1271 SEMORAN BLVD</i> <i>CASSELBERRY FL 32707</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRAN, THAO 1241 SEMORAN BLVD. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TRAN THAO</i> <i>1271 SEMORAN BLVD</i> <i>CASSELBERRY FL 32707</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>LONG VAN TRAN</i> 5/25/06 (407) 896-1124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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