

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000005681

1. Entity Name
THE SILVER MINE JEWELRY SALES AND REPAIR INC.



Principal Place of Business
**652 C BEAL PARKWAY
FT. WALTON BEACH, FL 32548**

Mailing Address
**652 C BEAL PARKWAY
FT. WALTON BEACH, FL 32548**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3290012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COBURGER, HORACE L
652 A. BEAL PARKWAY
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBURGER, HORACE L 652 C. BEAL PKWY. FT. WALTON BCH., FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COBURGER, JOHNATHAN P 5916 BENDER DR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAYTON, JANICE 652- C BEAR PKWY FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/05-80035-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

HORACE L. COBURGER

2-14-05 850 861-4133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #