2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P95000064767

Entity Name: CARLTON JEWELERS & COMPANY

Current Principal Place of Business:

6450 N WIKHAM RD.
MELBOURNE, FL 32940 US

New Principal Place of Business:

6767 N WICKHAM RD.
SUITE 400
MELBOURNE, FL 32940 US

Current Mailing Address:

6450 N WIKHAM RD.
MELBOURNE, FL 32940 US

New Mailing Address:

6767 N WICKHAM RD.
SUITE 400
MELBOURNE, FL 32940 US

FEI Number: 65-0606983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLACKWICH, ALAN S SR
2770 INDIAN RIVER BLVD. STE 501
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESPLING, CARL F
Address: 3150 NORTH A1A APT. 501 NORTH
City-St-Zip: FORT PIERCE, FL 34949

Title: STD ( ) Delete
Name: ESPLING, KAREN S
Address: 3150 NORTH A1A APT. 501 NORTH
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: SMITH, VERNON D
Address: 3150 NORTH A1A APT. 501 NORTH
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL F. ESPLING PD 04/27/2005

Electronic Signature of Signing Officer or Director Date