

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000085752

Entity Name
JEWELRY HEADQUARTERS, INC.



Principal Place of Business

2052 HWY 44 W
INVERNESS, FL 34453

Mailing Address

2052 HWY 44 W
INVERNESS, FL 34453

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3420613

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STORANDT, ANDREW
2052 HWY 44 WEST
INVERNESS, FL 34453

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

187000397345
01/23/06-80047-005 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	D
NAME	STORANDT, ANDREW R
DIRECT ADDRESS	2052 HWY 44 W
CITY-ST-ZIP	INVERNESS, FL 34453
NAME	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
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NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Andrew R Storandt
Andrew R Storandt 1-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State Phone #