# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P97000008171

1. Entity Name
THE GOLDSMITH SHOPPE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 639 N CITRUS AVE<br>CRYSTAL RIVER, FL 34428 | 639 N CITRUS AVE<br>CRYSTAL RIVER, FL 34428 |

**DO NOT WRITE IN THIS SPACE**

04/27/2004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3429339
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWSHAM, DOUGLAS E
639 N CITRUS AVENUE
CRYSTAL RIVER, FL 34428

**DO NOT WRITE IN THIS SPACE**

7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing ☐ **$5.00** May Be Added To Fee

U00000138269
04/29/04-80076-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | NEWSHAM, DOUGLAS E |
| STREET ADDRESS | 639 N CITRUS AVENUE |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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 [illegible] 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 11 above, or on an attachment with an asterisk, with all other like empowered.

SIGNATURE Douglas E Newsham Douglas Newsham 4-28-04 352-795-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #