

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000022467**

**1. Entity Name  
JEWELRY & MORE, INC.**



**Principal Place of Business  
6302 FOREST HILL BLVD  
GREENACRES CITY, FL 33415 US**

**Mailing Address  
6302 FOREST HILL BLVD  
GREENACRES CITY, FL 33415 US**



**01162006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0742405**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**PICKETT, DON ESQ.  
201 VIA JARDIN, 330 CLEMATIS STREET  
WEST PALM BEACH, FL 33401**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**1000000415754  
02/11/06-80091-021 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME MCDOUGALL, LINDA  
STREET ADDRESS 101 LOST RAIDER DR  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410**

**TITLE VD  
NAME BLANK, STEVE  
STREET ADDRESS 101 LOST BRIDGE DR  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Handwritten Signature]*

*1/28/06*