

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000087497

1. Entity Name
GOLDSMITH DESIGNER JEWELRY INC.



Principal Place of Business
1812 S. HWY 77 #114
LYNN HAVEN, FL 32444

Mailing Address
1812 S. HWY 77 #114
SUITE 114
LYNN HAVEN, FL 32444



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMSON, JORGE D
1812 S. HIGHWAY 77
SUITE 114
LYNN HAVEN, FL 32444

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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
P
ADAMSON, JORGE D
1406 MASSACHUSETTS AVENUE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOSE, MICHAEL E
1313 CAPRI DRIVE
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
ADAMSON, NORA R
1406 MASS. AVE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
GOSE, SELINA K
1313 CAPRI DR.
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000262256
03/14/05-80047-008 158.75

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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: J. DAVID ADAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 (850) 271-1444

Date

Daytime Phone #