

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90113 044 \*\*\*150.00

**DOCUMENT # P97000088928**

1. Entity Name  
**DUBOSE & SONS JEWELERS, INC.**



Principal Place of Business  
**953 OLD DIXIE HIGHWAY  
STE. B16  
VERO BEACH, FL 32960**

Mailing Address  
**953 OLD DIXIE HIGHWAY  
STE. B16  
VERO BEACH, FL 32960**

**DO NOT WRITE IN THIS SPACE**



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0794185**

Applied For  
Not Applicable

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

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

**FERRETTI, RICHARD A CPA  
1892 COMMERCEAVE  
VERO BEACH, FL 32960**

**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, 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 P/D  
NAME DUBOSE, MICHAEL O  
STREET ADDRESS 1740 32ND AVE  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D  
NAME DUBOSE, TODD  
STREET ADDRESS 625 61ST AVE  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE S  
NAME DUBOSE, SANDRA  
STREET ADDRESS 1740 32ND AVE  
CITY-ST-ZIP VEO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-05**

Date

**772-770-9160**

Daytime Phone #