

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000100214

1. Entity Name

GOLDEN SAILS JEWELERS, INC.



Principal Place of Business  
6950 22ND AVE N  
ST PETERSBURG, FL 33710

Mailing Address  
6950 22ND AVE N  
ST PETERSBURG, FL 33710

**FILED  
Mar 19, 2007 08:00 A  
Secretary of State**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3478481	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LARRISON, SUZANNE M  
6950 22ND AVE NORTH  
ST PETERSBURG, FL 33710

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

U000000672188  
03/28/07-80058-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME LARRISON, SUZANNE M  
STREET ADDRESS 6950 22ND AVE N  
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE VPS  
NAME LARRISON, RYAN A  
STREET ADDRESS 6950 22ND AVE N  
CITY-ST-ZIP ST PETE, FL 33710

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

*Suzanne M Larrison Suzanne M Larrison 2/7/07 381-1414*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #