


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 02, 2006 08:00 AM

Secretary of State

7004 2518 0004 8253 8306

DOCUMENT # P98000008920 1. Entity Name D'URSO'S ANTIQUE & JEWELRY, INC.	
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Principal Place of Business
9115 58TH DRIVE
SUITE A
BRADENTON, FL 34202

Mailing Address
9115 58TH DRIVE
SUITE A
BRADENTON, FL 34202



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0809210	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

GRIMES, CALEB J
1023 MANATEE AVE W
BRADENTON, FL 34205

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D D'URSO, LYNDIA C 9115 58TH DRIVE EAST SUITE A BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DURSO, LARRY 4115 58TH DRIVE EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/17/06-80093-013 150.00

**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.

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

4/27/06
Date

Daytime Phone #