


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90022 042 \*\*\*150.00

**DOCUMENT # P98000044249**

1. Entity Name  
**JOSEPH'S JEWELERS, INC.**



Principal Place of Business  
**208 MONET DR.  
 NOKOMIS, FL 34275**

Mailing Address  
**208 MONET DR.  
 NOKOMIS, FL 34275**

40099103



2. Principal Place of Business  
**2300 Bee Ridge Road**

3. Mailing Address  
**2300 Bee Ridge Road**

Suite, Apt. #, etc.  
**Suite 403**

07072006 Chg-P CR2E034 (11/05)

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34239** Country **USA**

Zip  
**34239** Country **USA**

4. FEI Number  
**65-0849786**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OUELLETTE, JOSEPH R  
 208 MONET DR.  
 NOKOMIS, FL 34275**

*Change address*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2300 Bee Ridge Road**

**Suite 403**

City **SARASOTA** **FL** Zip Code **34239**

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 *Joseph R. Ouellette* DATE **7-8-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| TITLE | NAME                       | STREET ADDRESS       | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|-------|----------------------------|----------------------|--------------------------|---------------------------------|
|       | <b>OUELLETTE, JOSEPH R</b> | <b>208 MONET DR.</b> | <b>NOKOMIS, FL 34275</b> | <input type="checkbox"/>        |
|       |                            |                      |                          | <input type="checkbox"/>        |
|       |                            |                      |                          | <input type="checkbox"/>        |
|       |                            |                      |                          | <input type="checkbox"/>        |
|       |                            |                      |                          | <input type="checkbox"/>        |
|       |                            |                      |                          | <input type="checkbox"/>        |

*Change Address*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS             | CITY-ST-ZIP              | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------------|--------------------------|--|-----------------------------------|
|       |      | <b>2300 Bee Ridge Road</b> | <b>SARASOTA FL 34239</b> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                            |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                            |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                            |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                            |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                            |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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: *Joseph R. Ouellette* DATE **7-8-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #