


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000010884
 1. Entity Name
PORTER'S JEWELERS OF BUSHNELL, INC.



Principal Place of Business Mailing Address
 890 N MAIN ST 890 N MAIN ST
 BUSHNELL, FL 33513 BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3558319	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTER, WILLIAM H III.
 890 N MAIN ST
 BUSHNELL, FL 33513

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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 restateing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000875323
 04/11/08-80068-025 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTER, WILLIAM H III 890 N MAIN ST BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PORTER, C. CONRAD 890 N MAIN ST BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PORTER, PAMELA J 890 N MAIN ST BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *William H Porter III* William H Porter III 3-27-08 3525681153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #