


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90019 046 \*\*\*150.00

<b>DOCUMENT # P99000048695</b> 1. Entity Name <b>QUEENS' WREATH JEWELS, INC.</b>					
Principal Place of Business <b>28-C S BLVD SARASOTA, FL 34236</b>			Mailing Address <b>28-C S BLVD SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>28-C S. BLVD. OF. PRES.</b>		3. Mailing Address <b>28-C S. BLVD. OF. PRES.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>65-0950848</b>	
Zip <b>34236</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTLE, TINA T. 524 COLUMBIA COURT SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>LITTLE, TINA T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7706 WESTMORELAND DR.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34243</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T 524 COLUMBIA COURT SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 7706 WESTMORELAND DR. SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 524 COLUMBIA COURT SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 7706 WESTMORELAND DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 524 COLUMBIA COURT SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 7706 WESTMORELAND DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 524 COLUMBIA COURT SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, TINA T. 7706 WESTMORELAND DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>(941) 388-9800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*Attachment*

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ANNUAL REPORT**

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28-C S BLVD  
SARASOTA, FL 34236

Mailing Address  
28-C S BLVD  
SARASOTA, FL 34236



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0950848</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LITTLE, TINA T  
524 COLUMBIA COURT  
SARASOTA, FL 34236

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LITTLE, TINA T
STREET ADDRESS	524 COLUMBIA COURT
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-16-04*      *941-388-9800*