

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM

Secretary of State

*PD check # 3274
425.06*

DOCUMENT # S12478

1. Entity Name

FAMILY JEWELS OF MARTIN COUNTY, INC.



Principal Place of Business

**1835 SW FOX POINT TRAIL
PALM CITY, FL 34990 US**

Mailing Address

**% GERALDINE ANNE JOHNSON
1835 SW FOX POINT TRAIL
PALM CITY, FL 34990 US**



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0233248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASCIO, TONY
20 W 5TH ST
STUART, FL 34994**

**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

000000556805
05/17/06-80024-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME JOHNSON, GERALDINE ANNE
STREET ADDRESS 1835 SW FOX POINT TR.
CITY-ST-ZIP PALM CITY, FL

TITLE VS
NAME JOHNSON, DAVID L
STREET ADDRESS 1835 SW FOX POINT TR
CITY-ST-ZIP PALM CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 772-286-2418
Date Daytime Phone #