


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # S47609 1. Entity Name DEANNA'S FINE JEWELRY, INC.	
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Principal Place of Business 2700 SR 16 STE 802 ST AUGUSTINE, FL 32092 US	Mailing Address 2700 S R 16 STE 802 ST AUGUSTINE, FL 32092 US
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DO NOT WRITE IN THIS SPACE



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3080950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRKNER, DEANNA 401 WOOD BLUFF ST AUGUSTINE, FL 32806	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	D WARF, DEANNA 401 WOOD BLUFF ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARF, LARRY L. 401 WOOD BLUFF ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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.

SIGNATURE: X Deanna Warf DEANNA WARF X 8/31/04 X 904-377-5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #