


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # S62425**

1. Entity Name  
**ESPLING JEWELERS, INC.**



Principal Place of Business <b>9825 SAN JOSE BLVD.                  #40                  JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>9825 SAN JOSE BLVD.                  #40                  JACKSONVILLE, FL 32257 US</b>
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**DO NOT WRITE IN THIS SPACE**



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3071549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ESPLING, JOSEPH C  
 9825-40 SAN JOSE BLVD.  
 JACKSONVILLE, FL 32257**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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	PD ESPLING, JOSEPH C. 5232 HOOF PRINT DR., N. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ESPLING, BEN 2054 HOVINGTON CIR E JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVP ESPLING, ARNE 1904 CLEMSON RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ESPLING, DANIEL MR 2509 PINE SUMMIT DR E JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/27/05 US-80002-009 150.00

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:  DATE: **7-25-05** DAYTIME PHONE #: **904 2687926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR