


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90424 021 ***150.00

| | | | | | |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # V06435 1. Entity Name HENRICKS JEWELRY, INC. | | | |  | |
| Principal Place of Business PO BOX 2467 BONITA SPRINGS, FL 33959 | | | Mailing Address PO BOX 2467 BONITA SPRINGS, FL 33959 | | |
| 2. Principal Place of Business P.O. BOX 770247 Suite, Apt. #, etc. | | | 3. Mailing Address P.O. BOX 770247 Suite, Apt. #, etc. | | |
| City & State NAPLES, FL | | | City & State NAPLES, FL | | |
| Zip 34107 | | Country USA | | 4. FEI Number 65-0301852 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GRIMES, RICHARD H 64 SOUTH PORT COVE BONITA SPRINGS, FL 33923 | | | 7. Name and Address of New Registered Agent Name GRIMES, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 122 RIDGE DR City NAPLES FL Zip Code 34108 | | |
| 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 <u><i>Richard Grimes</i></u> (Richard Grimes) 4.21.04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| 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"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIMES, RICHARD H 64 SOUTHPORT COVE BONITA SPRINGS, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIMES, RICHARD H 122 RIDGE DR NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMES, ALLISON 64 SOUTHPORT COVE BONITA SPRINGS, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMES, ALLISON 122 RIDGE DR NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

94064080



04202004 Chg-P CR2E034 (10/03)