2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 361392

FAVATA, FRANK P.,

2308 KATHLEEN ST.

TAMPA, FL

Name:

Address:

City-St-Zip:

FILED Feb 05, 2004 Secretary of State

Entity Na	me: JIMMYS	OD COMPANY			
Current Principal Place of Business:			New Principal Place of Business:		
2308 KATI TAMPA, F	HLEEN ST FL 33607				
Current Mailing Address:			New Mailing Address:		
2308 KATI TAMPA, F	HLEEN ST FL 33607				
FEI Number	: 59-1288396	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	MARY ANN HLEEN ST L 33607				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CHILLURA,JIN 2308 KATHLE TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (FAVATA, MAR 2308 KATHLE TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CHILLURA,SA 2308 KATHLE TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARYANN FAVATA **PRES** 02/05/2004