


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90095 048 ***150.00

DOCUMENT # P02000004125

1. Entity Name
JIM'S CORE SUPPLY, INC.



Principal Place of Business: **1348 W WASHINGTON STREET ORLANDO FL 32805**

Mailing Address: **3920 KISSIMMEE PARK RD SAINT CLOUD FL 34772**

2. Principal Place of Business: **14355 Hwy. 278**
 Suite, Apt. #, etc.

3. Mailing Address: **334 E. Lakeshore Dr.**
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State: **Double Springs Al.**

City & State: **Double Springs, Al.**

Zip: **35553** Country: **U.S.A.** Zip: **35553** Country: **U.S.A.**

4. FEI Number: **28-0019585** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAMBLIN, JAMES A
3920 KISSEMEE PARK RD
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name: **Ann Chamblin**

Street Address (P.O. Box Number is Not Acceptable): **2602 Bass Lake Blvd.**

City: **Orlando** State: **FL** Zip Code: **32806**

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: *Ann E. Chamblin* DATE: **4-15-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHAMBLIN, JAMES A | |
| STREET ADDRESS | 3940 KISSIMMEE PARK ROAD | |
| CITY-ST-ZIP | ST CLOUD FL 34772 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *James A. Chamblin* DATE: **4-15-04** 205-272-0924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #