

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 001 ***150.00

DOCUMENT # P03000059265	
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1. Entity Name

JIMSAM PROPERTIES, INC.

Principal Place of Business

1254 JAMAICA CT
JACKSONVILLE FL 32217

Mailing Address

3665 EMERALD LANE
MULBERRY FL 33860



2. Principal Place of Business - No P.O. Box #

547 Mendley Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jacksonville, FL

City & State

4. FEI Number 30-0201511

Applied For

Not Applicable

Zip 32216

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHERN, FRED L JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2007 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	PS	☐ Delete
NAME	MURPHY-JANSEN, SHIRLEY A	
STREET ADDRESS	3665 EMERALD LANE	
CITY - ST - ZIP	MULBERRY FL 33860	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Shirley A. Murphy-Jansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07
Date

863-425-7154
Daytime Phone #