

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000125834

1. Entity Name
JIM A. PUMPHREY, INC.



Principal Place of Business
15383 NW FLOSSIE PUMPHREY LN
ALTA, FL 32421

Mailing Address
15383 NW FLOSSIE PUMPHREY LN
ALTA, FL 32421



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0590804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUMPHREY, JIM A
15383 NW FLOSSIE PUMPHREY LN
ALTA, FL 32421

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME PUMPHREY, JIM A
STREET ADDRESS 15383 NW FLOSSIE PUMPHREY LN
CITY-ST-ZIP ALTA, FL 32421

TITLE VP
NAME PUMPHREY, CHRISTOPHER L VP
STREET ADDRESS 4288 LAFLORIDA DR.
CITY-ST-ZIP MARIANNA, FL 32448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000938461
05/27/08-80092-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jim Pumphrey
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08 850-573-3212
Date Daytime Phone #