2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #212005

1. Entity Name JIMAR, INC.



Principal Place of Business Mailing Address

C/O MARGARET O'MALLEY 5010 BAYSHORE BLVD., #4 TAMPA, FL 33611 US

C/O MARGARET O'MALLEY 5010 BAYSHORE BLVD., #4

TAMPA, FL 33611 US

FILED May 08, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-6077207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Daylime Phone a

6. Name and Address of Current Registered Agent

SPARKS, BRIAN C 101 EAST KENNEDY BOULEVARD **SUITE 3700 TAMPA, FL 33602**

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 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, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	PDC HOLLINGSWORTH, JAMES R P.O. BOX 267 PIPERSVILLE, PA 18947			U00000950069	
NAME STREET ADDRESS CITY-ST-ZIP	VTSD O'MALLEY, MARGARET 5010 BAYSHORE BLVD., #4 TAMPA, FL 33611		:		000000950069 06/03/08-80053-011 1300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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.					