


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 251697

1. Entity Name
JIMMY'S MENS STORE AND PAWN SHOP, INC.



Principal Place of Business P O BOX 547 22 EGLIN PKWY SE FORT WALTON BEACH, FL 32548	Mailing Address P O BOX 547 22 EGLIN PKWY SE FORT WALTON BEACH, FL 32548
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01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0941844	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAJORS, ROY H
 115 EDWARDS LANE ST
 FORT WALTON BEACH, FL 32548

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MAJORS, BARBARA
STREET ADDRESS	115 EDWARDS LANE SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	V
NAME	MAJORS, BARBARA J.
STREET ADDRESS	115 EDWARDS LANE ST
CITY-ST-ZIP	FORT WALTON BEACH, FL
TITLE	P
NAME	MAJORS, ROY H
STREET ADDRESS	115 EDWARDS LANE
CITY-ST-ZIP	FORT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/06-80022-017 150.00

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: *J H Majors* **1-17-06** **850 244-5188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #