

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 285354

1. Entity Name
JIM TATUM'S MEN'S SHOPS, INC.



Principal Place of Business
**5318 NORMANDY BLVD.
P.O. BOX 37559
JACKSONVILLE, FL 32205**

Mailing Address
**5318 NORMANDY BLVD.
P.O. BOX 37559
JACKSONVILLE, FL 32205**



01242006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-1116573 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TATUM, TIMOTHY J
5318 NORMANDY BLVD.
JACKSONVILLE, FL 32205**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering)

**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 PD
NAME TATUM, TIMOTHY J.
STREET ADDRESS 5318 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE STD
NAME TATUM, ALISA L
STREET ADDRESS 5318 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ST
NAME GANEY, JOAN L
STREET ADDRESS 2966 OAK CREEK LANE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000401117
02/02/06-80031-005 150.00

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 904-786-8770
Date Daytime Phone