

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 322431

Entity Name: JIM CODY, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

5301 E DIANE ST
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 31099
TAMPA, FL 336800199 US

New Mailing Address:

FEI Number: 59-1174460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODY, SUSAN
13915 SHADY SHORES DRIVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CODY, SUSAN
Address: 509 GOODWOOD
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: MATHES, WILLIAM E,
Address: 13511 GIBBONS PASS
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CODY, CATHERINE D,
Address: 4149 NORTHMEADOW CIR
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: BISSONNETTE, PIERCE
Address: 11518 BALD EAGLE ST
City-St-Zip: TAMPA, FL 33625

Title: VD () Delete
Name: MATHES, CATHY
Address: 13511 GIBBONS PASS
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CODY, SUSAN
Address: 13915 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CODY, CATHERINE D,
Address: 13915 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CODY

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date