

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 350063 1. Entity Name JIM'S FOODS, INC.					
Principal Place of Business 1110 N HWY 41 INVERNESS FL 34450 US			Mailing Address P O BOX 1002 MT DORA FL 32756-1002 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1271217	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOUCK, BETTE C 34505 HAMMOND LANE EUSTIS FL 32736				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E034 (10/05)	
SIGNATURE <i>Bette C. Houck</i> Signature, typed or printed name of registered agent and title if applicable				DATE 1/24/06 (NOTE: Registered Agent signature required when reconstituting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May C Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP HOUCK, JAMES H 34505 HAMMOND LANE EUSTIS FL 32736	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000404883 02/07/06-80018-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOUCK, BETTE C 34505 HAMMOND LANE EUSTIS FL 32736	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, JAMES D 109 WEST VERMONT AVE DELAND FL 32720	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, THOMAS C PO BOX 1002 MOUNT DORA FL 32756	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, JOHN W 545 BELMONT-2W CHICAGO IL 60657	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Bette C. Houck</i>				DATE 1/24/06 352-357-99	