


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # 394763 1. Entity Name JIM AND SLIM'S TOOL SUPPLY, INC.	
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Principal Place of Business 13065 S BELCHER RD LARGO, FL 33773	Mailing Address 13065 S BELCHER RD LARGO, FL 33773
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1389184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURZYNSKI, JAMES 13065 SO BELCHER RD LARGO, FL 33773
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**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURZYNSKI, JAMES 13065 S. BELCHER RD. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURZYNSKI, CHARMAINE 13065 S. BELCHER RD. LARGO, FL 33773
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01/08/07-80005-005 150.00

**DO NOT WRITE
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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: Charmaine Burzynski 01/04/2007 127-535-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone