2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90058 050 ***150.00

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1. Entity Name
JIM FELTMAN HOMES, INC.

Principal Place of Business	Mailing Address
5661 E HWY 98 PANAMA CITY, FL 32404	5661 E HWY 98 PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1639615
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FELTMAN,JAMES
5661 EAST HIGHWAY 98
PANAMA CITY, FL 32404

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	FELTMAN, JAMES WILBURN
STREET ADDRESS	TRINITY ST. COLLEGE PT.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	S
NAME	FELTMAN,SHIRLEY SILVERS
STREET ADDRESS	TRINITY ST. COLLEGE PT.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	V
NAME	BITTICK, ANITA
STREET ADDRESS	1313 STRATFORD AVE.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	SPENCER, JAMES
STREET ADDRESS	345 MOONLIGHT BAY
CITY-ST-ZIP	PANAMA CITY BCH, FL 32407
TITLE	V
NAME	CLARK, KATHY
STREET ADDRESS	4606 CATO RD
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #