



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 607592</b> 1. Entity Name <b>JIM AND SLIM'S TOOL SUPPLY OF PASCO COUNTY, INC.</b>	
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Principal Place of Business <b>10901 STATE ROAD 52 HUDSON, FL 34669</b>	Mailing Address <b>PO BOX 1252 SAFETY HARBOR, FL 34695</b>
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**DO NOT WRITE IN THIS SPACE**

  
01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1888978</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


6. Name and Address of Current Registered Agent

**BURZYNSKI, CHARMAINE A.  
10901 STATE ROAD 52  
HUDSON, FL 34669**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	 03/14/07-80050-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURZYNSKI, JAMES E. P O BOX 1252 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT BURZYNSKI, CHARMAINE P O BOX 1252 SAFETY HARBOR, FL 34695
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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: C.A. Burzynski C.A. Burzynski 3/1/07 727 535-5661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #