2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# G43940

Entity Name: JIM RUSSELL, INC.

Current Principal Place of Business:

6155 LAWRENCEVILLE CIR. E.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

PO BOX 5384
JACKSONVILLE, FL 322475384 US

New Mailing Address:

FEI Number: 59-2284574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, TOM
3899 VALENCIA ROAD
JACKSONVILLE, FL 32205 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: P ( ) Delete
Name: RUSSELL, JAMES H.
Address: 6155 LAWRENCEVILLE CIR.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: RUSSELL, GEOFFREY K.
Address: 17161/2 WROXTON CT.
City-St-Zip: HOUSTON, TX

Title: D ( ) Delete
Name: SCHROCK, LANE W.
Address: 100 PARK AVE., SUITE 103
City-St-Zip: STEAMBOAT SPRINGS, CO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: TOM MCLEAN RA 04/26/2009

Electronic Signature of Signing Officer or Director — Date