

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H78799

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** REESE JIMMY JIM EVERITT, INC.

**Current Principal Place of Business:**

629 BAYWOOD DR.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

629 BAYWOOD DR.  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-2599266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVERITT, REESE JIMMY  
629 BAYWOOD DR.  
LYNN HAVEN, FL 32404 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: EVERITT, REESE JIMMY  
Address: 629 BAYWOOD DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VS  
Name: EVERITT, SARAH KAYE  
Address: 629 BAYWOOD DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: REESE JIMMY EVERITT

PRES

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date