


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 020 ***158.75

DOCUMENT # J05444
 1. Entity Name
JIM BRILEY, INC.



Principal Place of Business Mailing Address
117 DONS COURT **4305 S. RAMONA AVE.**
LAKELAND, FL 33801 US **LAKE ALFRED, FL 33850 US**
430 S RAMONA

DO NOT WRITE IN THIS SPACE



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2648359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRILEY, JUDITH
430 S. RAMONA AVE.
LAKE ALFRED, FL 33850

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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 *Judith Briley* DATE *5/6/04*
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reselecting)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILEY, JUDITH 430 S. ROMONA AVE. LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRILEY, JAMES, SR. 430 S. ROMONA AVE. LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVE, KELLY 430 S. ROMONA AVE. LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: *Judith Briley* DATE *5/6/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH # 6674