

# 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  
**117 DONS COURT  
LAKELAND, FL 33801 US**

Mailing Address  
**4305 S. RAMONA AVE.  
LAKE ALFRED, FL 33850 US**  
*430 S RAMONA*

**DO NOT WRITE IN THIS SPACE**



05062004 No Chg-P CR2E034 (10/03)

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

**6. Name and Address of Current Registered Agent**

**BRILEY, JUDITH  
430 S. RAMONA AVE.  
LAKE ALFRED, FL 33850**

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

**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	P
NAME	BRILEY, JUDITH
STREET ADDRESS	430 S. ROMONA AVE.
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	VP
NAME	BRILEY, JAMES, SR.
STREET ADDRESS	430 S. ROMONA AVE.
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	S
NAME	LOVE, KELLY
STREET ADDRESS	430 S. ROMONA AVE.
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

*OK # 6674*