2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 12, 2004 8:00 am **Secretary of State** DOCUMENT # J45991 1. Entity Name 03-12-2004 90034 031 ***150.00 JIM'S RV PARK, INC. Principal Place of Business Mailing Address 35120 STATE HWY. 54 ZEPHYRHILLS FL 33541-1400 35120 STATE HWY. 54 ZEPHYRHILLS FL 33541-1400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2746428 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMANO, GLORIA C Street Address (P.O. Box Number is Not Acceptable) 2200 GULF VIEW BLVD DUNEDIN FL 34698 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE MUSCHE, FRANK W. NAME NAME STREET ADDRESS 284 PLESANT ST STREET ADDRESS CITY-ST-ZIP RUMFORD RI CITY-ST-ZIP TITLE DVS ☐ Delete TITLE Change Addition NAME ROMANO, GLORIA C. 2200 GULF VIEW BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Change ☐ Addition ☐ Delete ROMANOTGLORIA C. NAME STREET ADDRESS 2200 GULF VIEW BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Delete TITLE Change Addition TITLE ANTHONY R. POMANO 2200 GLLF VIBW BLVD NAME NAME STREET ADDRESS STREET ADDRESS 34698 CITY-ST-ZIP CITY-ST-7IP DUNEDLN ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 👯 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

GLORIA C. ROMANO 3/4/04 727-784-4082_
TOR Date Dayline Prone #