2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K86521

1. Entity Name

JIMBO'S PUB & GRILL, INC.



FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business

1816 N. DIXIE HIGHWAY HOLLYWOOD, FL 33020 Mailing Address

1816 N. DIXIE HIGHWAY HOLLYWOOD, FL 33020



DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0119156

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEDY, KIM 1816 N. DIXIE HIGHWAY HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signaturi	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEDY, KIM M. 1816 N. DIXIE HIGHWAY HOLLYWOOD, FL 33020	"			U00000731837
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			05/09/07-80020-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Kin A. Riede

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22-07

954-9-37743

Daytime Phone #