

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L85937	
1. Entity Name JIM WARNER & ASSOCIATES, INC.	

Principal Place of Business 6850 MARYLAND AVE GROVELAND, FL 34736 US	Mailing Address 6850 MARYLAND AVE GROVELAND, FL 34736 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2280220	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARNER, JAMES D. 6850 MARYLAND AVE GROVELAND, FL 34736	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of having it registered as office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature must be printed name of registered agent and typed or applicable. (NOTE: Registered Agent signature is required for the reinstatement)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Total Cash Contribution ☐ \$5.00 May Be Added to Fees	U00000131900 04/27/04-80025-021 150.00
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10. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY ST ZIP	D WARNER, JAMES D. 6850 MARYLAND AVE GROVELAND, FL 34736
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(b), 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:  **JAMES D. WARNER** **4/23/04** **352-429-3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #