


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M86071 1. Entity Name JUNGLE JIM'S OF FLORIDA, INC.	
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Principal Place of Business % SHARON HADLEY 4545 JAMES ROAD COCOA, FL 32923	Mailing Address P.O. BOX 547902 ORLANDO, FL 32854 US
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2909766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HADLEY, SHARON 4545 JAMES ROAD COCOA, FL 32923

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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 _____ DATE _____

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000047930 02/12/04-80060-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HADLEY, SHARON P.O. BOX 547902 ORLANDO, FL 32854
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12. I hereby certify that the information supplied with this filing does not qualify for any exemption stated in Section 119.07(3)(f), 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 a statement with authority to execute this report.

SIGNATURE: Sharon S. Hadley SHARON S. HADLEY 2-5-04 407-769-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #