2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04372

1. Entity Name
JAMES H. AND AMY G. SHIMBERG FOUNDATION, INC.

Principal Place of Business	Mailing Address
611 W BAY STREET	611 W BAY STREET
SUITE 145	SUITE 145
TAMPA, FL 33606 US	TAMPA, FL 33606 US

DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
58-1581287	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIMBERG, JAMES H
611 W BAY STREET
SUITE 145
TAMPA, FL 33606

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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 _____

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	SHIMBERG, JAMES H.	
STREET ADDRESS	611 W BAY STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VSD	
NAME	SHIMBERG, AMY G.	
STREET ADDRESS	611 W BAY STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	TD	
NAME	SHIMBERG, JAMES H JR	
STREET ADDRESS	1912 ARDSLEY ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/01/05-80026-015 70.00

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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 617, 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: _____   2\23\05   813 254.7567

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