2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083006

1. Entity Name
JIM-JEF ENTERPRISES, INC.

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Principal Place of Business	Mailing Address
POST OFFICE BOX 1332	POST OFFICE BOX 1332
CRYSTAL RIVER, FL 34423	CRYSTAL RIVER, FL 34423

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3691946	Not Applicable

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

6. Name and Address of Current Registered Agent

CLARDY, JOHN S III
CRIDER CLARDY LAW FIRM, P.A.
521 W. FORT ISLAND TRAIL, STE. A
CRYSTAL RIVER, FL 34429

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PVP
NAME	WILLIAMS, J C
STREET ADDRESS	356 HILLCOCK TERR
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	ST
NAME	SHEETS, J K
STREET ADDRESS	W GROVER CLEVELAND
CITY-ST-ZIP	HOMOSASSA, FL 34447
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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.

SIGNATURE: _Jeff Williams_ Jeff Williams Pr. 1-10-05   860-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
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