

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90065 028 \*\*\*150.00

<b>DOCUMENT # P00000110521</b>					
<b>1. Entity Name</b> JIMCIN, INC					
<b>Principal Place of Business</b> RT 10 BOX 837-7 LAKE CITY, FL 32025			<b>Mailing Address</b> RT 10 BOX 837-7 LAKE CITY, FL 32025		
<b>2. Principal Place of Business</b> 1050 BELLA VISTA BLVD		<b>3. Mailing Address</b> 1050 BELLA VISTA BLVD			
Suite, Apt. #, etc. #118		Suite, Apt. #, etc. #118			
<b>City &amp; State</b> ST AUGUSTINE FL		<b>City &amp; State</b> ST AUGUSTINE FL			
Zip Country 32084 ST JOHNS		Zip Country 32084 ST JOHNS			
<b>6. Name and Address of Current Registered Agent</b>  BULLOCK, JIM RT 10 BOX 837-7 LAKE CITY, FL 32025				<b>7. Name and Address of New Registered Agent</b> Name JIM BULLOCK Street Address (P.O. Box Number is Not Acceptable) 1050 BELLA VISTA BLVD #118 City ST AUGUSTINE FL Zip Code 32084	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLOCK, JIM <input type="checkbox"/> Delete RT 10 BOX 837-7 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLOCK, JIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1050 BELLA VISTA BLVD #118 ST AUGUSTINE FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, CINDY <input checked="" type="checkbox"/> Delete RT 10 BOX 837-7 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			JIM BULLOCK 1-26-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		