

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082156

1. Entity Name
C.I.A. ARTIST MANAGEMENT, INC



Principal Place of Business
P.O. BOX 1236
HAINES CITY, FL 33845

Mailing Address
P.O. BOX 1236
HAINES CITY, FL 33845

FILED
04 DEC 27 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09292004 Chg-P CR2E034 (10/03) 04

City & State

City & State

4. FEI Number
59-3739607

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, PATTY
150 CR 546
LAKE HAMILTON, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

REINSTATEMENT
FL

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 \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MULLEN, KIMBERLY
STREET ADDRESS P.O. BOX 1236
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D ☐ Delete
NAME MULLEN, CHAD
STREET ADDRESS P.O. BOX 1236
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D ☐ Delete
NAME MULLEN, SHELBY
STREET ADDRESS P.O. BOX 1236
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D ☐ Delete
NAME PEARCE, WARREN
STREET ADDRESS P.O. BOX 1236
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D ☐ Delete
NAME PEARCE, PATTY
STREET ADDRESS P.O. BOX 1236
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D ☐ Delete
NAME PEARCE, KEVIN
STREET ADDRESS P.O. BOX 865
CITY-ST-ZIP HAINES CITY, FL 33844

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/14/04 863-412-763

212

Florida Dept of State
Div of Corp
Po box 6327
Tallahassee, Fl 32314
November 8, 2004

Attn: Glenda E. Hood

Dear Ms. Hood,

This letter is to request waiving of late fees for the following corporations:
C.I.A. Artist Management, Inc. p01000082156 and
Jammin for JESUS inc. p03000040506

We tried to renew on line months ago and were unsuccessful. We called and were given a phone number to call and had no success there either. We got a recording. We were under a serious cash flow issue and now were affected by the hurricane loss of approx. 9000.00. We respectfully request waiving of the fees for these.

Thank you
Kim Mullen
PO Box 1236
Haines City, Fl 33845