

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90095 048 ***150.00

DOCUMENT # P02000004125

1. Entity Name

JIM'S CORE SUPPLY, INC.



Principal Place of Business

1348 W WASHINGTON STREET
ORLANDO FL 32805

Mailing Address

3920 KISSIMMEE PARK RD
SAINT CLOUD FL 34772

2. Principal Place of Business

14355 Hwy. 278
Suite, Apt. #, etc.

3. Mailing Address

334 E. Lakeshore Dr.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Double Springs AL

City & State

Double Springs AL

4. FEI Number

28-0019585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBLIN, JAMES A
3920 KISSEMEE PARK RD
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

Ann Chamblin

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

2602 Bass Lake Blvd.

City

Orlando

FL

Zip Code

32806

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

Ann E. Chamblin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHAMBLIN, JAMES A
STREET ADDRESS 3940 KISSIMMEE PARK ROAD
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE:

James A. Chamblin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

205-272-0924

Daytime Phone #