


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000027016</b>	
1. Entity Name JIMS FIXIT SHOP AND APPLIANCES, INC.	

Principal Place of Business 8291 ARAB LANE SPRING HILL, FL 34608	Mailing Address 8291 ARAB LANE SPRING HILL, FL 34608
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03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2031087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CONNER, JAMES J 8291 ARAB LANE SPRING HILL, FL 34608
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CONNER, JAMES J 8291 ARAB LANE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FUTRELL, WILLIAM H 12438 MORGAN RD HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GORDON, JASON L 10302 ORCHID DR. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/19/04-80010-005 150.00

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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 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 J. Conner **James J. Conner** 3-12-04 352-693-7185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #