

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000027016

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



03092007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2031087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNER, JAMES J
8291 ARAB LANE
SPRING HILL, FL 34608

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000668543
03/27/07-80035-019 150.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Conner

Date

Daytime Phone #

3-13-07 352-693-7185