


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000076060	
1. Entity Name JIM'S CLASSIC AUTO, INC.	

Principal Place of Business 7121 GARDNER ST. WINTER PARK, FL 32792	Mailing Address 7121 GARDNER ST. WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3688074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUTCHINSON, JAMES 7121 GARDNER ST. WINTER PARK, FL 32792
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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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000093654 03/22/04-80027-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUTCHINSON, JAMES 7121 GARDNER ST. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUTCHINSON, DOUGLAS A 7121 GARDNER ST. WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000093654
03/22/04-80027-002 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 fee empowered.

SIGNATURE: 	3-19-04 407-678-1918
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Day/Mo Phone #</small>