


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90194 001 ***550.00
09-08-2004 90194 002 *****8.75

DOCUMENT # P03000001551	
1. Entity Name JIM DAVIS ENTERPRISES INC.	

Principal Place of Business 7308 ATLANTIC BLVD JACKSONVILLE, FL 32211	Mailing Address 7308 ATLANTIC BLVD JACKSONVILLE, FL 32211
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66433218

2. Principal Place of Business 10263 Beach Blvd Suite, Apt. #, etc.	3. Mailing Address PO Box 16131 Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
Zip 32246	Zip 32245
Country DUAL	Country DUAL



07022004 Chg-P CR2E034 (10/03)

4. FEI Number 710922925	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, TIMOTHY P 1016 LASALLE STREET JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES W
STREET ADDRESS	7308 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	<input type="checkbox"/> Delete
NAME	DAVIS, SHEENA B
STREET ADDRESS	7308 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JIM DAVIS** 8-12-04 904-642-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #