

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 039 ***150.00

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02102006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000038263 1. Entity Name RALPH B. JIMISON, INC.																													
Principal Place of Business 736 WIGGINS LAKES DRIVE #102 NAPLES, FL 34110			Mailing Address 736 WIGGINS LAKES DRIVE #102 NAPLES, FL 34110																										
2. Principal Place of Business 14484 STERLING OAKS DR Suite, Apt. #, etc.		3. Mailing Address 14484 STERLING OAKS DR Suite, Apt. #, etc.																											
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 84-1621368																									
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent JIMISON, RALPH B. 736 WIGGINS LAKES DRIVE #102 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name RALPH B. JIMISON Street Address (P.O. Box Number is Not Acceptable) 14484 STERLING OAKS DR City NAPLES FL Zip Code 34110																										
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 N/A Ralph B. Jimison (NOTE: Registered Agent signature required when reinstating) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JIMISON, RALPH B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>736 WIGGINS LAKES DRIVE #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	JIMISON, RALPH B		STREET ADDRESS	736 WIGGINS LAKES DRIVE #102		CITY-ST-ZIP	NAPLES, FL 34110		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">President</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RALPH B JIMISON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14484 STERLING OAKS DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RALPH B JIMISON		STREET ADDRESS	14484 STERLING OAKS DR.		CITY-ST-ZIP	NAPLES, FL 34110	
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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 Ralph B. Jimison			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RALPH B. JIMISON																										
Date			Daytime Phone # 239-289-6618																										