

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 020 ***150.00

DOCUMENT # P03000044322

1. Entity Name
JIMMY E'S CAFE, INC.



Principal Place of Business
12554 BLAZING STAR DR
TAMPA, FL 33626

Mailing Address
12554 BLAZING STAR DR
TAMPA, FL 33626



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0515417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKHARDT, JAMES
12554 BLAZING STAR DR
TAMPA, FL 33626

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECKHARDT, JAMES
STREET ADDRESS	12554 BLAZING STAR DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	ST
NAME	ECKHARDT, MARIA
STREET ADDRESS	12554 BLAZING STAR DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VP
NAME	ECKHARDT, CRISTINA
STREET ADDRESS	12554 BLAZING STAR DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VP
NAME	ECKHART, ELABRIANNA ^{UE} Fabiana
STREET ADDRESS	12554 BLAZING STAR DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #