

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-02-2004 90026 038 ***150.00

DOCUMENT # P03000055565					
1. Entity Name JIMSON APARTMENTS, INC.					
Principal Place of Business 811 S GRANDVIEW AVE APT 3 DAYTONA BCH FL 32118			Mailing Address 811 S GRANDVIEW AVE APT 3 DAYTONA BCH FL 32118		
2. Principal Place of Business same as above			3. Mailing Address same as above		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2114368	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHABIR CHAITRAM T 811 S GRANDVIEW AVE APT 3 DAYTONA BCH FL 32118				7. Name and Address of New Registered Agent Name nil 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 N/A 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, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chaitram MAHABIR (Thomas) 811 S Grandview Ave Apt#3 Daytona Beach Florida 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	nil	
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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: CHAITRAM MAHABIR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/23/04 Date 386 2543422 Daytime Phone #	

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MOORE CR2E034 (11/03)