

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 032 ***150.00

DOCUMENT # P03000077098 1. Entity Name JIM'S GRIPS AND ACCESSORIES, INC.					
Principal Place of Business POST OFFICE BOX 740397 ORANGE CITY, FL 32774			Mailing Address POST OFFICE BOX 740397 ORANGE CITY, FL 32774		
2. Principal Place of Business DELTONA, FL 32738		3. Mailing Address P.O. BOX 740397			
Suite, Apt. #, etc. P.O. BOX 740397		Suite, Apt. #, etc. 			
City & State DELTONA FLORIDA		City & State ORANGE CITY, FLORIDA		4. FEI Number 65-1194154	
Zip 32738		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32774		Country UNITED STATES		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURKETT, JAMES JR 3341 SKY STREET DELTONA, FL 32738			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 <u><i>James C. Burkett Jr</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKETT, JAMES JR POST OFFICE BOX 740397 ORANGE CITY, FL 32774	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKETT, JANET POST OFFICE BOX 740397 ORANGE CITY, FL 32774	<input type="checkbox"/> Delete			
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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: <u><i>James C. Burkett Jr</i></u> JAMES C BURKETT JR 386-789-8224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					