


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 029 ***150.00

DOCUMENT # P03000099785		
1. Entity Name SHIRLEY M JIMISON RN INC		

Principal Place of Business 736 WIGGINS LAKE DRIVE APT. 102 NAPLES FL 34110-6083	Mailing Address 736 WIGGINS LAKE DRIVE APT. 102 NAPLES FL 34110-6083
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2. Principal Place of Business 14484 Sterling Oaks Dr Suite, Apt. #, etc.	3. Mailing Address 14484 Sterling Oaks Dr Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL	4. FEI Number 65-1202383	Applied For Not Applicable
Zip 34110	Country USA	Zip 34110	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent JIMISON, SHIRLEY M 736 WIGGINS LAKE DRIVE APT. 102 NAPLES FL 34110-6083		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMISON, SHIRLEY M 736 WIGGINS LAKE DRIVE APT. 102 NAPLES FL 34110-6083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Shirley M. Jimison / Shirley M. Jimison 4/8/05 239-289
7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #