

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90236 019 ***158.75

DOCUMENT # P03000118169

1. Entity Name
JIM WILL FIX IT, INC.



Principal Place of Business

Mailing Address

4325 BRIARWOOD CIRCLE III Quailwood Dr. 4325 BRIARWOOD CIRCLE III Quailwood Dr.
AUBURNDAL, FL 33823 Winter Haven, FL. 33880 AUBURNDAL, FL 33823 Winter Haven, FL. 33880



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0217682

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, LEEBERT
4325 BRIARWOOD CIRCLE III Quailwood Dr.
AUBURNDAL, FL 33823 Winter Haven, FL. 33880

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOSTER, LEEBERT
STREET ADDRESS	4325 BRIARWOOD CIRCLE III Quailwood Dr.
CITY - ST - ZIP	AUBURNDAL, FL 33823 Winter Haven, FL. 33880
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Leebert Foster - Leebert Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 863-651-7285
Date Daytime Phone #