

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 002 ***150.00

DOCUMENT # P03000118562

1. Entity Name
JIMBO'S PROPERTIES, INC.



Principal Place of Business
**5471 SPRING HILL DRIVE
SPRING HILL, FL 34606**

Mailing Address
**5471 SPRING HILL DRIVE
SPRING HILL, FL 34606**

2. Principal Place of Business
10025 Scarlett Ct.
Suite, Apt. #, etc.

3. Mailing Address
10025 Scarlett Ct.
Suite, Apt. #, etc.



04042005 Chg-P CR2E034 (10/03)

City & State
Brooksville, FL
Zip
34613
Country
USA

City & State
Brooksville, FL
Zip
34613
Country
USA

4. FEI Number
37-1483832
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWE, DOUKISSA MARIA
304 WEST LIME STREET
ARON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name
James J. Joseph, Sr.
Street Address (P.O. Box Number is Not Acceptable)
10025 Scarlett Ct.
City
Brooksville FL Zip Code
34613

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
JOSEPH, JAMES JOHN SR.
5471 SPRING HILL DRIVE
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
JOSEPH, JAMES JOHN JR.
5471 SPRING HILL DRIVE
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **James J. Joseph, Sr. President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 1-352-597-9412
Date Daytime Phone #