## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

JAMES

## **Secretary of State DOCUMENT # P03000118562** 03-22-2006 90023 035 \*\*\*158.75 1. Entity Name JIMBO'S PROPERTIES, INC. Principal Place of Business Mailing Address 10025 SCARLETT CT 10025 SCARLETT CT 50004440 BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 2. Principal Place of Business (HERNANDO) JIMBO'S (ROPERTIES: INC.) 3. Mailing Address JIMBOS PROPERTIES INC 03022006 Chg-P CR2E034 (11/05) P.O.BOX P.O.BOX City & State 4. FEI Number Applied For FLORIOA 37-1483832 Not Applicable Country 45A HERNANDO \$8.75 Additional 5. Certificate of Status Desired M ERNANDO 161 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH, JAMES J SR Box Number is Not Acceptable 10025 SCARLETT CT KANDOUER BROOKSVILLE, FL 34613 34608-333 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. JOSEPH UR \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JOSEPH, JAMES JOHN JR. A Change 2454 LANDOUER BLVD. TITLE M Delete TITLE JOSEPH, JAMES JOHN SR. NAME NAME 5471 SPRING HILL DRIVE STREET ADDRESS STREET ADDRESS 34608-3331 CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition JOSEPH, JAMES JOHN, JR. NAME NAME STREET ADDRESS 5471 SPRING HILL DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 CITY+ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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

PRESIDEN

3-10-06

FILED Mar 22, 2006 8:00 am