
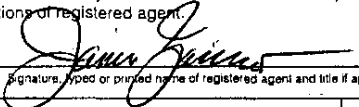
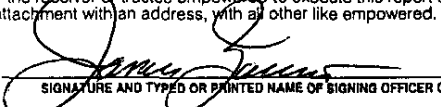


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90010 002 \*\*\*150.00

<b>DOCUMENT # P03000137236</b> 1. Entity Name <b>JIM ZACCARO, INC.</b>																													
Principal Place of Business 22897 CR 137 LAKE CITY, FL 32024 US			Mailing Address 22897 CR 137 LAKE CITY, FL 32024 US																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
				Country																									
6. Name and Address of Current Registered Agent  BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name <b>JAMES ZACCARO</b> Street Address (P.O. Box Number is Not Acceptable) <b>22897 COUNTY RD. 137</b> City <b>LAKE CITY</b> FL Zip Code <b>32024</b>																									
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  DATE <b>2/20/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PRES</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZACCARO, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22897 CR 137</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE CITY, FL 32024</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	ZACCARO, JAMES		STREET ADDRESS	22897 CR 137		CITY- ST- ZIP	LAKE CITY, FL 32024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:  DATE <b>2/20/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

54021991



02202004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0411138** Applied For ☐ Not Applicable ☐

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