## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000142893** 

1. Entity Name
JIM DAVIS REPAIRS, INC.



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

9032 DIXIANA VILLA CIR TAMPA, FL 33635 Mailing Address

9032 DIXIANA VILLA CIR TAMPA, FL 33635



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable \$8.75 Additional

Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DAVIS, JAMES M SR. 9032 DIXIANA VILLA CIR TAMPA, FL 33635 DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its 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 many of legistered agent and little 4 applicable (NOTE Registered Apent signature)  PARTIE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. O				្រី ប្រែសាធាន និងស្ថិស្រី ស្រី ស្រី ស្រី ស្រី	Control to the Contro
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  INTEL  DAVIS, JAMES M SR STREE ADDRESS 9032 DIXIANA VILLA CIR TAMPA, FL 33635  INTEL  NAME DAVIS, PATTI J STREET ADDRESS STREET ADDRESS CITY-ST-2P TAMPA, FL 33635  INTEL  NAME DAVIS, PATTI J STREET ADDRESS STREET ADDRESS CITY-ST-2P TAMPA, FL 33635  INTEL  NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or both	th, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  DAVIS, JAMES M SR 9032 DIXIANA VILLA CIR TAMPA, FL 33635  TITLE NAME DAVIS, PATTI J SIRET ADDRESS CITY-ST-2P  NAME DAVIS, PATTI J SIRET ADDRESS CITY-ST-2P  DAVIS, PATTI J SIRET ADDRESS CITY-ST-2P  DAVIS, PATTI J SIRET ADDRESS CITY-ST-2P  TAMPA, FL 33635  INTHIS SPACE  IN THIS SPACE  IN THIS SPACE	SIGNATURE.				
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees  10. OFFICERS AND DIRECTORS  11LE P DAVIS, JAMES M SR  51REF ADDRESS 9032 DIXIANA VILLA CIR  TTAMPA, FL 33635  11LE T DAVIS, PATTI J  51REF ADDRESS 9032 DIXIANA VILLA CIR  CITY-S1-7IP TAMPA, FL 33635  11LE S  NAME DAVIS, PATTI J  51REF ADDRESS 9032 DIXIANA VILLA CIR  TITLE S  NAME DAVIS, PATTI J  51REF ADDRESS 9032 DIXIANA VILLA CIR  TAMPA, FL 33635  11LE S  NAME DAVIS, PATTI J  51REF ADDRESS 9032 DIXIANA VILLA CIR  TITLE NAME SIREF ADDRESS  CITY-S1-7IP  11LE NAME SIRET ADDRESS  IN THIS SPACE		Signature, typed or printed name of registered agent and title i	I applicable (NOTE Registered	Agent signature required when reinstating)	DATE
TITLE PAWE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635  TITLE T DAVIS, PATTI J STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635  TITLE S DAVIS, PATTI J SO32 DIXIANA VILLA CIR TAMPA, FL 33635  TITLE S DAVIS, PATTI J SO32 DIXIANA VILLA CIR TAMPA, FL 33635  TITLE S DAVIS, PATTI J SO32 DIXIANA VILLA CIR TAMPA, FL 33635  TITLE S STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635  TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635					U000000892972
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NAME SIREET ADDRESS	NAME STREET ADDRESS				
TITLE	NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all parties.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

A TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

813-7487443

Daylime Phone