

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143070

FILED
Apr 18, 2005
Secretary of State

Entity Name: JIM DAVIS HOME REPAIRS, INC.

Current Principal Place of Business:

11 NEWCASTLE DR
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

11 NEWCASTLE DR
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-0397409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JAMES
11 NEWCASTLE DR
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, JAMES
Address: 11 NEWCASTLE DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: O () Delete
Name: DAVIS, JAMES R PARTNER
Address: 11 NEWCASTLE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, JAMES P
Address: 11 NEWCASTLE DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: DAVIS, SUZANNE PARTNER
Address: 11 NEWCASTLE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. DAVIS

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date