


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 021 \*\*\*150.00

<b>DOCUMENT # P04000043670</b>	
1. Entity Name JIREH ENTERPRISES OF TAMPA BAY, INC.	

Principal Place of Business 4377 COMMERCIAL WAY SUITE 230 SPRING HILL, FL 34606	Mailing Address 4377 COMMERCIAL WAY SUITE 230 SPRING HILL, FL 34606
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50042180



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03142005 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 20-0847303	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KLIMIS, GEORGE N 27 EAST ORANGE STREET TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, PATRICK C. 7166 CEDAR POINT DRIVE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, DOREEN 7166 CEDAR POINT DR. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, PATRICK C 7166 CEDAR POINT DR. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martin, Patrick C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4377 Commercial Way Suite 230 Spring Hill FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martin, Doreen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4377 Commercial Way Suite 230 Spring Hill FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martin, Patrick C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4377 Commercial Way Suite 230 Spring Hill FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kali Smith, pres. Date: 4-15-05 Daytime Phone #: 727-364-6171