

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

03-27-2006 90274 008 ***158.75

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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**

50005943



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0847303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~KLIMIS, GEORGE M~~
~~27 EAST ORANGE STREET~~
~~TARPON SPRINGS, FL 34689~~

Patrick Martin
4377 Commercial way
Suite 230
Spring Hill, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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

Patrick Martin **Patrick Martin President 3/10/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, PATRICK C
STREET ADDRESS 4377 COMMERCIAL WAY SUITE 230
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE S
NAME MARTIN, DOREEN
STREET ADDRESS 4377 COMMERCIAL WAY SUITE 230
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE T
NAME MARTIN, PATRICK C
STREET ADDRESS 4377 COMMERCIAL WAY SUITE 230
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

727-346071

Daytime Phone #