

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90043 033 ***150.00

DOCUMENT # P04000074749 1. Entity Name JIM FIDLER, INC.			
Principal Place of Business 2129 TOMOKA FARMS ROAD DAYTONA BEACH FL 32128		Mailing Address 2129 TOMOKA FARMS ROAD DAYTONA BEACH FL 32128	
2. Principal Place of Business 2137 Tomoka Farms Rd Suite, Apt. #, etc.		3. Mailing Address 2137 Tomoka Farms Rd Suite, Apt. #, etc.	
City & State Port Orange Florida Zip Country 32128 USA		City & State Port Orange FLA Zip Country 32128 USA	
4. FEI Number 20-1126004		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIDLER, JAMES R III 2129 TOMOKA FARMS ROAD DAYTONA BEACH FL 32128		7. Name and Address of New Registered Agent Name Fidler, James R II Street Address (P.O. Box Number is Not Acceptable) 2137 Tomoka Farms Road City Port Orange State FL Zip Code 32128	
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 James R Fidler II <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		James R Fidler II 3-26-05 <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PVST	<input type="checkbox"/> Delete	
NAME	FIDLER, JAMES R II		
STREET ADDRESS	2129 TOMOKA FARMS ROAD		
CITY - ST - ZIP	DAYTONA BEACH FL 32128		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Fidler, James R II		
STREET ADDRESS	2137 Tomoka Farms Rd		
CITY - ST - ZIP	Port Orange FL 32128		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: James R Fidler II <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James R Fidler II 3-26-05 386-2539918 <small>Date Daytime Phone</small>	