


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 046 ***150.00

DOCUMENT # P05000083357					
1. Entity Name JUMPIN' JOE'S ENTERTAINMENT, INC.					
Principal Place of Business P.O. BOX 10257 BROOKSVILLE, FL 34603 US			Mailing Address P.O. BOX 10257 BROOKSVILLE, FL 34603 US		
2. Principal Place of Business - No P.O. Box # 10250 Embassy Ave			3. Mailing Address Suite, Apt. #, etc.		
City & State Spring Hill FL			City & State Spring Hill FL		
Zip 34606			Country USA		
4. FEI Number 20-2974730			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 HINZMAN, KRISTY M 2600 ENDSLEY RD. BROOKSVILLE, FL 34604			7. Name and Address of New Registered Agent Name: Kristy M Hinzman Street Address (P.O. Box Number is Not Acceptable): 10250 Embassy Ave City: Spring Hill FL Zip Code: 34606		
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: <i>Kristy Hinzman</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2/7/7					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D,P	NAME HINZMAN, KRISTY M		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 10257	CITY - ST - ZIP BROOKSVILLE, FL 34603		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D,VP	NAME HINZMAN, CHARLES J		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 10257	CITY - ST - ZIP BROOKSVILLE, FL 34603		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S,T	NAME GAY, ERNEST D		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 10257	CITY - ST - ZIP BROOKSVILLE, FL 34603		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
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"/> Delete		
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 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: <i>Kristy Hinzman</i>			Kristy Hinzman 2/7/7		

357-686-
7763