

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147517

FILED
Jul 04, 2007
Secretary of State

Entity Name: JIM SPINKS INC

Current Principal Place of Business:

P.O BOX 1242
TARPON SPRINGS, FL 33488

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1242
TARPON SPRINGS, FL 33488

New Mailing Address:

FEI Number: 20-3710430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINKS, JAMES
718 BOSTON STREET
TARPON SPRINGS, FL 33589 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPINKS, JAMES
Address: P.O. BOX 1242
City-St-Zip: TARPON SPRINGS, FL 33488

Title: SEC () Delete
Name: GATTARELLO, ELIZABETH
Address: 457 67TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 SPINKS

P

07/04/2007

Electronic Signature of Signing Officer or Director

_____ Date