

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90191 039 ***150.00

| | | | | | |
|---|----------------------------------|--|---|--|--|
| DOCUMENT # P06000047287 | | | | | |
| 1. Entity Name JIM FRANCHER INCORPORATED | | | | | |
| Principal Place of Business 124 TERRY STREET INDIAN HARBOUR BEACH, FL 32937 | | | Mailing Address 124 TERRY STREET INDIAN HARBOUR BEACH, FL 32937 | | |
| 2. Principal Place of Business - No P.O. Box # 645 BARCELONA COURT | | 3. Mailing Address 645 BARCELONA COURT | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State SATELLITE BEACH, FL | | City & State SATELLITE BEACH, FL | | 4. FEI Number 56-2570480 | |
| Zip 32937 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32937 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANCHER, JAMES R 124 TERRY STREET INDIAN HARBOUR BEACH, FL 32937 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 645 BARCELONA COURT City SATELLITE BEACH FL Zip Code 32937 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| TITLE PSTD | NAME FRANCHER, JAMES R | | TITLE PSTD | | |
| STREET ADDRESS 124 TERRY STREET | | NAME FRANCHER, JAMES R. | | | |
| CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 | | STREET ADDRESS 645 BARCELONA COURT | | | |
| CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 | | CITY-ST-ZIP SATELLITE BEACH, FL 32937 | | | |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| <input type="checkbox"/> Delete | | <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: _____ | | | 2-20-07 (321) 424-4259 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |