

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116239

Entity Name: JIM COSTAS, INC.

FILED  
Jan 10, 2011  
Secretary of State

**Current Principal Place of Business:**

19 SYCAMORE CT. WEST  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

19 SYCAMORE CT. WEST  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 36-4593624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTAS, JIM  
19 SYCAMORE CT. WEST  
HOMOSASSA, FL 34446 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COSTAS, JIM  
Address: 19 SYCAMORE CT. WEST  
City-St-Zip: HOMOSASSA, FL 34446

Title: V  
Name: COSTAS, KATHLEEN B.  
Address: 19 SYCAMORE CT. WEST  
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: JAMES COSTAS

P

01/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date