

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049686

Entity Name: JIM'S EQUIPMENT SERVICE, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

1232 VISCAYA PKWY  
CAPE CORAL, FL 33990

## New Principal Place of Business:

706 NW 16TH PLACE  
CAPE CORAL, FL 33993

## Current Mailing Address:

1232 VISCAYA PKWY  
CAPE CORAL, FL 33990

## New Mailing Address:

706 NW 16TH PLACE  
CAPE CORAL, FL 33993

FEI Number: 26-2645953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWMAN, JIMMY  
1232 VISCAYA PKWY  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

NEWMAN, JIMMY  
706 NW 16TH PLACE  
CAPE CORAL, FL 33993 US

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: JIMMY NEWMAN

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWMAN, JIMMY  
Address: 1232 VISCAYA PKWY  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEWMAN, JIMMY  
Address: 706 NW 16TH PLACE  
City-St-Zip: CAPE CORAL, FL 33993

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: JIMMY NEWMAN

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date