## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P93000038780** JIM MCINTYRE, INC. Principal Place of Business Mailing Address 1105 PINE TREE DRIVE 1105 PINE TREE DRIVE INDIAN HARBOR BEACH, FL 32937 INDIAN HARBOR BEACH, FL 32937 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-0982040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCINTYRE, JAMES J III DO NOT WRITE 1105 PINETREE DR INDIAN HARBOR BEACH, FL 32937 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE\_ Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000131667 Trust Fund Contribution. П Added to Fees 04/27/04-80014-018 158.75 10. OFFICERS AND DIRECTORS 33TE PTS NAME MCINTYRE, JAMES J III STREET ADDRESS 1105 PINE TREE DRIVE INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP វាម e STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZIP BRE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

TITLE
NAME
STREET ADDRESS
CITY-ST-7P

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 (321)777-2754

**FILED**