

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90046 048 \*\*\*150.00

**DOCUMENT # P93000073352**

1. Entity Name

HOWARD R. JIMMIE, INC.



Principal Place of Business

609 SEMINOLE ST.  
CLEARWATER FL 33755

Mailing Address

609 SEMINOLE ST.  
CLEARWATER FL 34615-3865



2. Principal Place of Business

607 Nicholson street

Suite, Apt. #, etc.

N/A

3. Mailing Address

P.O. Box 1958

Suite, Apt. #, etc.

N/A

City & State

Clearwater, FL 33757

Zip

33757

Country

Pinellas

City & State

N/A

Zip

N/A

Country

N/A

4. FEI Number

59-3207707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JIMMIE, HOWARD R  
609 SEMINOLE ST.  
CLEARWATER FL 34615-3865

7. Name and Address of New Registered Agent

Name

Jimmie Howard R.

Street Address (P.O. Box Number is Not Acceptable)

607 Nicholson st.

City

Clearwater, FL.

FL

Zip Code  
33755

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 Howard R. Jimmie Pres.

Signature, typed or printed name of registered agent and title if applicable.

*Howard R. Jimmie*

(NOTE: Registered Agent signature required when reinstating)

DATE Jan. 31, 2006

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
JIMMIE, HOWARD R  
STREET ADDRESS 609 SEMINOLE ST.  
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME D  
Jimmie, Howard R.  
STREET ADDRESS 607 Nicholson Street  
CITY-ST-ZIP Clearwater, FL. 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Howard R. Jimmie Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howard R. Jimmie*

DATE Jan. 31, 2006, 727-638-4751

DATE

Daytime Phone #