

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000052910



1. Entity Name
JIM'S TIGHTLINES, INC.

Principal Place of Business
6620 MALONEY AVE #4
KEY WEST, FL 33040 US

Mailing Address
6620 MALONEY AVE #4
KEY WEST, FL 33040 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0515396

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JAMES
6620 MALONEY AVE #4
KEY WEST, FL 33040

Name _____

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

City

FL Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------|----------------------|---|----------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, JERILYN W | | 6620 Maloney Ave. #4 | |
| STREET ADDRESS | 6620 MALOREY AVE. #4 | | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, JAMES M | | | |
| STREET ADDRESS | 6620 MALONEY AVE. | | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerilyn W. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (305) 292-1586

Date

Daytime Phone #