

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000052910

1. Entity Name
JIM'S TIGHTLINES, INC.



**FILED
Mar 18, 2005 08:00 AM
Secretary of State**

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



DO NOT WRITE IN THIS SPACE

02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0515396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMAS, JERILYN W
STREET ADDRESS 6620 MALONEY AVE. #4
CITY-ST-ZIP KEY WEST, FL 33040

000000288669
03/18/05-80052-019 150.00

TITLE VD
NAME THOMAS, JAMES M
STREET ADDRESS 6620 MALONEY AVE.
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

13/16/05

Date

1305 292 1586

Daytime Phone #