

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90016 040 \*\*\*150.00

**DOCUMENT # P95000034926**

1. Entity Name  
**JIMMY'Z IRRIGATION & PRESSURE WASHING, INC.**



Principal Place of Business  
**360 SUNCOAST BLVD.  
SPRING HILL, FL 34608 US**

Mailing Address  
**360 SUNCOAST BLVD.  
SPRING HILL, FL 34608 US**

**44014161**



02192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3318739**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JABLON, JAMES  
360 SUNCOAST BLVD.  
SPRING HILL, FL 34608**

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 **P** ☐ Delete  
NAME **JABLON, JAMES**  
STREET ADDRESS **12257 DEEP CREEK DR.**  
CITY-ST-ZIP **SPRING HILL, FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **JABLON, JAMES**  
STREET ADDRESS **360 SUNCOAST BLVD SH FL 34608**  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **FRANK, DOMKE**  
STREET ADDRESS **6450 LUCKY LN**  
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE **T** ☒ Change ☐ Addition  
NAME **JABLON Terri**  
STREET ADDRESS **360 SUNCOAST BLVD SPRING HILL FL 34608**  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **SOMERS, STEVEN**  
STREET ADDRESS **1506 TRENTON AVE**  
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **S** ☒ Change ☐ Addition  
NAME **JABLON JAMES**  
STREET ADDRESS **360 SUNCOAST BLVD SH 34608**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JABLON, TERRI**  
STREET ADDRESS **12257 DEEP CREEK DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **Terri JABLON**  
STREET ADDRESS **360 SUNCOAST BLVD**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-04**

Date

Daytime Phone #