

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000048087

1. Entity Name
JIM THRIFT, INC.



Principal Place of Business
19913 WEST NEWBERRY ROAD
SUITE B
NEWBERRY, FL 32669

Mailing Address
19913 WEST NEWBERRY ROAD
SUITE B
NEWBERRY, FL 32669

FILED

08 SEP 25 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07032008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3454720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JED D
19913 WEST NEWBERRY ROAD
SUITE B
NEWBERRY, FL 32669

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
MITCHELL, JED D
19913 WEST NEWBERRY ROAD, SUITE B
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MITCHELL, DANA S
7195 SW 135 LANE
ARCHER, FL 32618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORGAN, EVELYN H
8589 SE 73 LANE
NEWBERRY, FL 32618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300136338853
09/25/08--01040--001 **550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Jed Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08 3524728823

Date

Daytime Phone #