2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000067037

1. Entity Name
JIM LEE'S FANTASTIC FINISH, INC.

Principal Place of Business	Mailing Address
6918 13TH STREET N ST. PETERSBURG, FL 33702	6918 13TH STREET N ST. PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

03212005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3466862		Applied For
		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JIMMY D
6918 13TH STREET N
ST. PETERSBURG, FL 33702

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 _____   04/01/05

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	PD
NAME	LEE, JIMMY D
STREET ADDRESS	6918 13TH STREET N
CITY-ST-ZIP	ST. PETERSBURG, FL 33702

U00000287491
04/04/05-80071-012 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   04/1/05   727 522 5507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #