2006 FOR PROFIT CORPORATION

Apr 26, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000102585** 1. Entity Name 04-26-2006 90199 010 ***150.00 JIM AND COMPANY INC. Principal Place of Business Mailing Address P.O. BOX 14201 4 v v 3808 13TH AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0803907 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, JAMES M 3808 13TH AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change Addition NAME ALLEN, JAMES M NAME STREET ADDRESS 3808 13TH AVENUE WEST STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition ALLEN, ELISE N NAME NAME STREET ADDRESS 3808 13TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition Tomlinson James C 3409-33rd AV DrW TOMLINSON, JAMES C NAME NAME STREET ADDRESS 3408 38TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Bradenton FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	Elise n allen	EliseN Allen S	JT 4.20.	06 9417466A6
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone 4
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