


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90090 019 \*\*\*150.00

**DOCUMENT # P99000039843**

1. Entity Name  
**JIM'S DISCOUNT BEVERAGE, INC.**



Principal Place of Business      Mailing Address

**410 SOUTH ORANGE AVENUE  
 GREEN COVE SPRINGS, FL 32043**      **410 SOUTH ORANGE AVENUE  
 GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE IN THIS SPACE**



04102005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3573802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TE, HOR L  
 410 SOUTH ORANGE AVENUE  
 GREEN COVE SPRINGS, FL 32043**

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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP TE, HOR L 410 SOUTH ORANGE AVENUE GREEN COVE SPRINGS, FL 32043
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**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:** Hor L. Te      4/11/05      904-529-7070

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