


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90134 006 ***150.00

DOCUMENT # P99000039843

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



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address


3469 Gerber Daisy Ln P.O. Box 9467
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Oviedo, FL Fleming Island, FL

Zip Country Zip Country

32766 32006



04112006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3573802 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

TE, HOR L Name Te, HOR

410 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable)

GREEN COVE SPRINGS, FL 32043 3469 Gerber Daisy Lane

3 City Oviedo, FL FL Zip Code 32766

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]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TE, HOR L 3469 Gerber Daisy Ln	NAME	
STREET ADDRESS	410 SOUTH ORANGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043 Oviedo, FL 32766	CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TE, KHENG 3469 Gerber Daisy Ln	NAME	
STREET ADDRESS	410 SOUTH ORANGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043 Oviedo, FL 32766	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* Date: 4/12/06 (904) 422-6189

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