


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 Zip Country Country
 32766 32006



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
 410 SOUTH ORANGE AVENUE
 GREEN COVE SPRINGS, FL 32043
 3

Name Te, HOR
 Street Address (P.O. Box Number is Not Acceptable)
 3469 Gerber Daisy Lane
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP TE, HOR L 3469 Gerber Daisy Ln 410 SOUTH ORANGE AVENUE GREEN COVE SPRINGS, FL 32043 Oviedo, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #