## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2007 08:00 AM **DOCUMENT # S29795 Secretary of State** 1. Entity Name JIMCARL, INC. Mailing Address Principal Place of Business 2490 S.E. 58TH AVENUE 2490 S.E. 58TH AVENUE OCALA, FL 32671 OCALA, FL 32671 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3047636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEAVLER, DEBORAH DO NOT WRITE 3421 SE 34 ST OCALA, FL 34471 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** TITLE PEAVLER, DEBORAH NAME 3421 S.E. 34TH ST. STREET ADDRESS OCALA, FL 34471 CITY-ST-7IP U00000588284 TITLE 01/17/07-80066-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MΕ

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:

NAME STREET ADDRESS CITY-ST-ZIP