


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 568755
 1. Entity Name
KING JAMES, INC.



Principal Place of Business
4333 S. TAMiami TRAIL
SARASOTA, FL 34231 US

Mailing Address
4333 S. TAMiami TR.
SARASOTA, FL 34231 US



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1833305

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLE, R JOHN, II
SUITE 1104-1605 MAIN STREET
SARASOTA, FL 33577

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTONEY, JAMES V.
STREET ADDRESS	7501 WEEPING WILLOW BLVD
CITY-ST-ZIP	SARASOTA, FL
TITLE	ST
NAME	MONTONEY, CHERYL
STREET ADDRESS	7501 WEEPING WILLOW BLVD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000580293
 01/10/07-80086-001 150.00

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: Cheryl Montoney 1/7/07 941 921 7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR