

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02915

FILED
Jan 14, 2005
Secretary of State

Entity Name: H. JAMES STEVENSON, P.A.

Current Principal Place of Business:

3430 GALT OCEAN DRIVE
709
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3430 GALT OCEAN DRIVE
709
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-2033948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, H. JAMES
3430 GALT OCEAN DR., APT. 709
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

STEVENSON, H. JAMES
3430 GALT OCEAN DR., APT. 709
709
FT. LAUDERDALE, FL 33308 US

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.

SIGNATURE: H. JAMES STEVENSON

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENSON, BENJAMIN J
Address: 3480 GALT OCEAN DR #709
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PD () Delete
Name: STEVENSON, H. JAMES
Address: 3430 GALT OCEAN DR.#709
City-St-Zip: FT LAUDERDALE,, FL 33308

Title: D () Delete
Name: STEVENSON, MARY ANN
Address: 3430 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. JAMES STEVENSON

PD

01/14/2005

Electronic Signature of Signing Officer or Director

Date