


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 047 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F27234
 1. Entity Name
KING JAMES - FORT MYERS, INC.



Principal Place of Business Mailing Address
11530 S. CLEVELAND AVE **7501 WEEPING WILLOW BLVD**
FORT MYERS, FL 33907 **SARASOTA, FL 34241**

66005650



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2103335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COLE, R JOHN, II
1104-1605 MAIN STREET
SARASOTA, FL 33577

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

FILE MONTH FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MONTONEY, JANET CHERYL 7501 WEEPING WILLOW BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTONEY, JAMES VERNON 7501 WEEPING WILLOW BLVD SARASOTA, FL 00000.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 3/8/05 9419217075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #