


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 006 ***163.75

DOCUMENT # 310124 1. Entity Name JAMES LINICK ASSOCIATES, INC.	
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Principal Place of Business 7855 VISCAYA WAY NAPLES, FL 34108 US	Mailing Address 7855 VIZCAYA WAY NAPLES, FL 33963 US
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DO NOT WRITE IN THIS SPACE

40123135



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1151333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY JR., T. PAINE
111 E. MADISON STREET
P.O. BOX 1531
TAMPA, FL 33601**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LINICK, PATRICIA 7855 VIZCAYA WAY NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LINICK, JAMES M 7855 VIZCAYA WAY NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3, 2007 **2395945223**
Date Daytime Phone #