## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 310124** 

FILED Jan 17, 2008 Secretary of State

| Entity Nam  | ne: JAMES  | LINICK ASSOCIATE       | ES, INC.                |  |  |  |
|---|--|------------------------|-------------------------|--|--|--|
| Current Principal Place of Business:  |  |                        |                         | New Principal Place  | of Business:                             |  |
| 7855 VISCA<br>NAPLES, F   |  | US                     |                         |  |  |  |
| Current Mailing Address:  |  |                        |                         | New Mailing Address:   |  |  |
| 7855 VIZCA<br>NAPLES, F   |  | US                     |                         |  |  |  |
| FEI Number:   | 59-1151333   | FEI Number Applie      | ed For ( ) FEI Nu       | mber Not Applicable ( )  | Certificate of Status Desired ( )        |  |
| Name and Address of Current Registered Agent: Name                                  |  |                        |                         | Name and Address of  | ame and Address of New Registered Agent: |  |
| KELLY JR., T. PAINE<br>111 E. MADISON STREET<br>P.O. BOX 1531<br>TAMPA, FL 33601 US |  |                        |                         | KELLY JR., T. PAINE<br>111 E. MADISON STREET<br>TAMPA, FL 33601 US |  |  |
| The above in the State  | named entity<br>of Florida.                        | y submits this staten  | nent for the purpose of | of changing its registere  | d office or registered agent, or both,   |  |
| SIGNATURE:  |  |                        |                         |  | 01/17/2008                               |  |
| Floriday Com  |  | onic Signature of Re   | •                       |  | Date                                     |  |
| Election Cam  | paign Financi                                      | ing Trust Fund Contrib | ution ( ).              |  |  |  |
| OFFICERS AND DIRECTORS:   |  |                        |                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                       |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VS (<br>LINICK, PATE<br>7855 VIZCAY<br>NAPLES, FL  |                        |                         | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTD (<br>LINICK, JAMI<br>7855 VIZCAY<br>NAPLES, FL |                        |                         | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | ( ) Change ( ) Addition                  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES M. LINICK PRES 01/17/2008