2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #460310 1. Entity Name JAMÉS A. FISCHETTE, P.A.



Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD

1301 RIVERPLACE BLVD

STE 1916 JACKSONVILLE, FL 32207 STE 1916 JACKSONVILLE, FL 32207

US

FILED Mar 23, 2006 08:00 AM Secretary of State



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CR2E034 (11/05) 03202006 No Chg-P

4. FEI Number 59-1553099

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

US

HELD, EDWIN J JR 1301 RIVERPLACE BLVD., STE 1916 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the plans of registered agem.	urpose at changing its registere	d office of r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered eperk and time it applicable. (NOTE: Registered Agent signature required when reinsticting) DATE							
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PO HELD, EDWIN W JR 1301 RIVERPLACE BLVD., SUITE 19 JACKSONVILLE, FL 32207	16		U00000478064 04/07/06-80016-803 1 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					277700 00010 000 130,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE							

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR