


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 483267 1. Entity Name JIM FELTMAN HOMES, INC.	
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Principal Place of Business 5661 E HWY 98 PANAMA CITY, FL 32404	Mailing Address 5661 E HWY 98 PANAMA CITY, FL 32404
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1639615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELTMAN, JAMES 5661 EAST HIGHWAY 98 PANAMA CITY, FL 32404	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTMAN, JAMES WILBURN TRINITY ST. COLLEGE PT. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTMAN, SHIRLEY SILVERS TRINITY ST. COLLEGE PT. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BITTICK, ANITA 1313 STRATFORD AVE. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, JAMES 345 MOONLIGHT BAY PANAMA CITY BCH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, KATHY 4606 CATO RD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000398274
01/30/06-80087-022 150.00

**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

1/19/06 850 891-6189
Date Daytime Phone #