2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 568755

1. Entity Name
KING JAMES, INC.

Principal Place of Business	Mailing Address
4333 S. TAMIAMI TRAIL	4333 S. TAMIAMI TR.
SARASOTA, FL 34231 US	SARASOTA, FL 34231 US

DO NOT WRITE IN THIS SPACE

03032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1833305	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

COLE, R JOHN, II
SUITE 1104-1605 MAIN STREET
SARASOTA, FL 33577

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

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10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTONEY, JAMES V.
STREET ADDRESS	7501 WEEPING WILLOW BLVD
CITY-ST-ZIP	SARASOTA, FL
TITLE	ST
NAME	MONTONEY, CHERYL
STREET ADDRESS	7501 WEEPING WILLOW BLVD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80001-010 150.00

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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: _Cheryl Montoney_   3/5/06   941 921 7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #