

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604572

FILED  
Jun 28, 2005  
Secretary of State

Entity Name: JAMES N. POWERS PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

120 E. ROBINSON STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

120 E. ROBINSON STREET  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-1442044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWERS, JAMES N.  
120 E ROBINSON ST.  
ORLANDO, FL 328018626 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POWERS, JAMES N.,  
Address: 120 E. ROBINSON STREET  
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete  
Name: POWERS, JAMES N.,  
Address: 120 E. ROBINSON STREET  
City-St-Zip: ORLANDO, FL

Title: ST ( ) Delete  
Name: POWERS, KATHY  
Address: 120 E ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 N POWERS

PD

06/28/2005

Electronic Signature of Signing Officer or Director

Date