
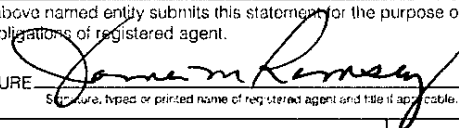
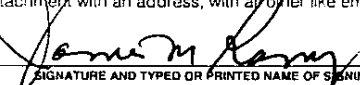


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90066 050 \*\*\*150.00

<b>DOCUMENT # 643290</b> 1. Entity Name <b>JAMES M. RAMSEY &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>217 CENTRE STREET STE 2 FERNANDINA BEACH, FL 32034 US</b>			Mailing Address <b>217 CENTRE STREET STE 2 FERNANDINA BEACH, FL 32034 US</b>		
2. Principal Place of Business <b>90 Birchwood Views Dr</b> Suite, Apt. #, etc.			3. Mailing Address <b>90 Birchwood Views Dr</b> Suite, Apt. #, etc.		
City & State <b>Hendersonville NC</b>		City & State <b>Hendersonville NC</b>		4. FEI Number <b>59-1949804</b>	
Zip <b>28739</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMSEY, JAMES M 217 CENTRE ST FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent Name <b>James M. Ramsey</b> Street Address (P.O. Box Number is Not Acceptable) <b>67785 Owens Farm Road</b> City <b>Yulee</b> <b>FL</b> Zip Code <b>32097</b>	
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  <b>James M. Ramsey</b> <b>4-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RAMSEY, JAMES M</b> <input type="checkbox"/> Delete <b>217 CENTRE STREET STE 2</b> <b>FERNANDINA BEACH, FL 32034</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>67785 Owens Farm Road</b> <b>Yulee FL 32097</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sharon Rebecca Ramsey</b> <b>ST</b> <b>67785 Owens Farm Road</b> <b>Yulee FL 32097</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>James M. Ramsey, President</b> <b>4-1-05</b> <b>(828) 697-0831</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					