2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002417

1. Entity Name
THE JAMES CO. OF THE MIDWEST, INC.

Principal Place of Business	Mailing Address
17860 BEARPATH TRAIL EDEN PRAIRIE, MN 55347	17860 BEARPATH TRAIL EDEN PRAIRIE, MN 55347

U00000572347
08/01/06-80002-003 550.00

05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1553555
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALPIN, JAMES
6520 VALEN WAY #C303
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HARRISON, JAMES D
STREET ADDRESS	17860 BEARPATH TRAIL
CITY-ST-ZIP	EDEN PRAIRIE, MN 55347
TITLE	VS
NAME	CONNOLLY, ROBERT J
STREET ADDRESS	1034 E. OGDEN AVE.
CITY-ST-ZIP	MILWAUKEE, WI 53202
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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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: X James D Harrison X 7-3-06 1-800-4720535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #