2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F09176

1. Entity Name
JAMES E. HIRST & ASSOCIATES, INC.

20014538

Principal Place of Business	Mailing Address
309 AIRPORT PULLING RD N.	309 AIRPORT RD N
NAPLES, FL 34104 US	NAPLES, FL 34104 US

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2049666	Not Applicable

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

6. Name and Address of Current Registered Agent

SPARKMAN, RICHARD D.
307 AIRPORT ROAD NORTH
NAPLES, FL 33942

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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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	HIRST, JAMES E
STREET ADDRESS	5243 SYCAMORE DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	HIRST, BARBARA
STREET ADDRESS	5243 SYCAMORE DR
CITY-ST-ZIP	NAPLES, FL 34119
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 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: _____   2/16/05 (239)261-4567

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

JAMES E. HIRST, PRES.