


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F09176

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



Principal Place of Business Mailing Address

**309 AIRPORT PULLING RD N.
 NAPLES, FL 34104 US** **309 AIRPORT RD N
 NAPLES, FL 34104 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2049666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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

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

1100000421142
 02/16/06-80024-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRST, JAMES E 5243 SYCAMORE DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRST, BARBARA 5243 SYCAMORE DR NAPLES, FL 34119
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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 employees.

SIGNATURE: _____ DATE: **2/3/06** DAYTIME PHONE #: **(239)261-4567**
Signature and typed or printed name of signing officer or director

JAMES E. HIRST, PRES.