

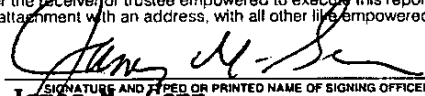


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90250 022 \*\*\*150.00

<b>DOCUMENT # F80861</b> 1. Entity Name <b>JAMES M. GANN, P.A.</b>					
Principal Place of Business <b>257 SE AVE</b> <b>P.O. BOX 1596</b> <b>BELLE GLADE, FL 33430</b>		Mailing Address <b>257 SE AVE</b> <b>P.O. BOX 1596</b> <b>BELLE GLADE, FL 33430</b>			
2. Principal Place of Business <b>257 Dr. Martin Luther King, Jr. Blvd., East</b> Suite, Apt. #, etc.		3. Mailing Address <b>257 Dr. Martin Luther King, Jr. Blvd., East</b> <b>P. O. Box 1596</b>		<b>20040119</b> 	
City & State <b>Belle Glade, Florida</b>		City & State <b>Belle Glade, Florida</b>		4. FEI Number <b>59-2119848</b>	
Zip <b>33430</b>		Country <b>U.S.A.</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>GANN, JAMES M</b> <b>257 SE AVE</b> <b>BELLE GLADE, FL 33430</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>257 Dr. Martin Luther King, Jr. Blvd., East</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	ST GANN, REBECCA S 669 E. RAMBLING DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANN, JAMES M 669 E. RAMBLING DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 filers empowered.			SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			4/19/2005 1-561-996-8040 Date Daytime Phone #		