


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # G29588
1. Entity Name
JIM WHITE & ASSOCIATES, INC.



Principal Place of Business	Mailing Address
10645 GULF BLVD 10651 GULF BLVD. TREASURE ISLAND, FL 33706 US	10645 GULF BLVD 10651 GULF BLVD. TREASURE ISLAND, FL 33706 US



06282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES R., SR. *DECEASED 6/28/05*
10651 GULF BOULEVARD
TREASURE ISLAND, FL 33706

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JAMES 11050 5TH ST E TREASURE ISLAND, FL00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, JAMES R.,JR. 8727 LEONA STREET SEMINOLE, FL
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07/05/05-80001-020 150.00*

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IN THIS SPACE**

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: *James R. White Jr* **JAMES R. White Jr** *6/30/05* **6/30/05** *727-367-3795* **727-367-3795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #