



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # G91617 1. Entity Name JIM LECOUNT & ASSOCIATES, INC.	
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Principal Place of Business 3049 50TH ST S.W. NAPLES, FL 34116	Mailing Address 3049 50TH ST S.W. NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE

	
04042005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2400971	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

LECOUNT, JIM
3049 50TH ST SW
NAPLES, FL 34116

**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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LECOUNT, JIM 3049 50TH ST S.W NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LECOUNT, DIANE 3049 50TH ST SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/13/05-80039-007 150.00

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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 19.07(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: *Diane Lecount* **DIANE LECOUNT** *4/9/05* **239-455-3412**

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