

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91617

FILED
Apr 16, 2006
Secretary of State

Entity Name: JIM LECOUNT & ASSOCIATES, INC.

Current Principal Place of Business:

3049 50TH ST S.W.
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

3049 50TH ST S.W.
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-2400971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LECOUNT, JIM,
Address: 3049 50TH ST S.W
City-St-Zip: NAPLES, FL 34116

Title: VS () Delete
Name: LECOUNT, DIANE,
Address: 3049 50TH ST SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM LECOUNT

P

04/16/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date