2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H28346

1. Entity Name
JAMES E. TRAYLOR INC.

Principal Place of Business	Mailing Address
3180 DIXIE HIGHWAY	1037 KNECHT ROAD
PALM BAY, FL 32905 US	PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE

02012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1295380	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRAYLOR, JAY S.
1025 KNECHT RD SW
PALM BAY, FL 32905

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	I000000217864 02/07/05-80047-003 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PTD	
NAME	TRAYLOR, JAMES E.	
STREET ADDRESS	1037 KNECHT ROAD	
CITY-ST-ZIP	PALM BAY, FL	
TITLE	VSD	
NAME	TRAYLOR, BETTY	
STREET ADDRESS	1037 KNECHT ROAD	
CITY-ST-ZIP	PALM BAY FL,	
TITLE	VP	
NAME	TRAYLOR, JAY S.	
STREET ADDRESS	1025 KNECHT RD.	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 E. Traylor_   5-4-05   321 725 1160

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