

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H39675**

1. Entity Name

JAMES DORIS, INC.



Principal Place of Business

3920 - 31ST STREET NORTH  
ST. PETERSBURG FL 33714

Mailing Address

3920 - 31ST STREET NORTH  
ST. PETERSBURG FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2509856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONK, JAMES L.  
3920 - 31ST STREET NORTH  
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MONK, JAMES L PD  
STREET ADDRESS 6472 - 30TH AVENUE NORTH  
CITY- ST- ZIP ST. PETERSBURG FL 33710

TITLE VD ☐ Delete  
NAME MONK, DORIS L V.P.  
STREET ADDRESS 6472 - 30TH AVENUE NORTH  
CITY- ST- ZIP ST. PETERSBURG FL 33710

TITLE TD ☐ Delete  
NAME MONK, WALTER TREAS  
STREET ADDRESS 3920 30TH AVENUE NORTH  
CITY- ST- ZIP ST. PETERSBURG FL 33714

TITLE SD ☐ Delete  
NAME FINNICAL, BARBARA M SEC  
STREET ADDRESS 6226 CLOVER LANE  
CITY- ST- ZIP MACUNGIE PA 18026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000234135  
CITY- ST- ZIP 02/18/05-80009-003 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. MONK

Date

Daytime Phone #

2/16/05

727 521-3477