ANNUAL KEPUKI

DOCUMENT # J69887

Entity Name
 JOHN DAVID ASSOCIATES, INC.



FILED Apr 02, 2005 08:00 AM Secretary of State

Principal Place of Business

2903 EDGEWOOD LANE SARASOTA, FL 34231 Mailing Address

2903 EDGEWOOD LANE SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

03232005 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2821660 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVE SARASOTA, FL 34236

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEETS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing \$5.00 Ma	ry Be les	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICSON, JOHN D 2903 EDGEWOOD LANE SARASOTA, FL 34231			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERICSON, DIANE M 2903 EDGEWOOD LANE SARASOTA, FL 34231			04/02/05-80029-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS GITY- ST-ZIP			· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information rumpfled with this file			

12. I hereby certify that the information supplied with this filling 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 socurate 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.

CICNATIDE.

MAD. E. TOHOD. EPICSON-TRESIDENT