2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

ANNUAL REPORT				_		02, 200	
1. Entity Nam	MENT # K66017 JAMES, INC.				S	ecretary	y of Sta
Principal Place of Business 221 KINGSTON DR. FORT MYERS, FL 33905 Mailing Address 4355 HANCOCK BRIDGE PARK FORT MYERS, FL 33903		WAY					
DO NOT WRITE IN THIS SPA			CE	01242007 No Chg-P CR2E034 (11/05) 4. FEI Number			
	6. Name and Address of Current Re	gistered Agent					
BLAIR, LENARD 221 KINGSTON DR. FORT MYERS, FL 33905			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for t ions of registered agent.				ith, in the State of Flo		with, and accept
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, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U00000 02/19/07-	630032 -80025-014	150.00
10.	OFFICERS AND D	RECTORS	4				
TITLE NAME STREET ADDRESS - CITY - ST - ZIP	DP BLAIR, DIANA 221 KINGSTON DR FORT MYERS, FL 33905		:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAIR, LENARD 221 KINGSTON DR FORT MYERS, FL 33905						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in this space			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Daytime Prions #