2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K66017

1. Entity Name CAROLE JAMES, INC.



Principal Place of Business

221 KINGSTON DR. FORT MYERS, FL 33905 Mailing Address

4355 HANCOCK BRIDGE PARKWAY FORT MYERS, FL 33903

FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90048 027 ***150.00



02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number	L	Applied For
59-2939678		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

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6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BLAIR, LENARD 221 KINGSTON DR. FORT MYERS, FL 33905

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IN :		SS	PA	CE

				88.78		
		# 1M114				
	named entity submits this statement for the pulions of registered agent.	rpose of changing its register	ed office or re	egistered agent, or both	, in the State of Florida. Tam far	niliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE -	DP .					
NAME STREET ADDRESS	BLAIR, DIANA 221 KINGSTON DR					
CITY-ST-ZIP.	FORT MYERS, FL 33905					
TITLE	DV		1			
NAME	BLAIR, LENARD					
STREET ADDRESS CITY-ST-ZIP	221 KINGSTON DR FORT MYERS, FL 33905					
TITLE	FORT MITERS, FL 33903					
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CITY-ST-ZIP	•					

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: 🕰

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Daytrne Phone #