2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L37644

Entity Name: JIM STIDHAM AND ASSOCIATES, INC.

Current Principal Place of Business:

C/O WILLIAM G. ROLLINS
547 NORTH MONROE ST. SUITE 201
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM G. ROLLINS
547 NORTH MONROE ST. SUITE 201
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2989137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROLLINS, WILLIAM G
547 NORTH MONROE ST.
SUITE 201
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: STIDHAM, JAMES A., S, R
Address: 1524 COOMBS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete
Name: ROLLINS, WILLIAM G
Address: 31 FISHER CREEK DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete
Name: KELLY, RICHARD L
Address: 906 DOE RUN
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. ROLLINS PD 07/03/2006

Electronic Signature of Signing Officer or Director Date