2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M69466

1. Entity Name

JAMES STOCKWELL CORPORATION, INC.



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business 670 N. ORLANDO AVE STE, 1004B MAITLAND, FL 32751 US Mailing Address 670 N. ORLANDO AVE STE. 1004B MAITLAND, FL 32751



| | 07012004 |
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No Chg-P

CR2E034 (10/03)

| 4. | FEI Number | | | | | | |
|----|------------|--|--|--|--|--|--|
| | 59-2880200 | | | | | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| | Address | | Registered | Agent |
|--|---------|------|------------|-------|
| | | | | |

PLANK, MONTJE S 670 N. ORLANDO AVE

DO NOT WRITE

| STE. 1004B – MAITLAND, FL 32751 | | | | IN THIS SPACE | | | | |
|--|--|-----------------------------------|-----------------|--------------------------------|--|---------------------|--|--|
| | named entity submits this statement for the ions of registered agent. | purpose of changing its registere | ed office or re | egistered agent, or bo | th, in the State of Florida. I am famili | ar with, and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | e if applicable. (NOTE Registered | Agent signature | required when reinstating) | DATE | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaig Trust Fund Contri | | | cing | \$5.00 May Be Added to Fees | U00000163815 07/07/04-80019-00 | 13 558 75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE MP PLANK, MONTJE S 670 N. ORLANDO AVENUE, STE. 10 MAITLAND, FL 32751 | | | ٠ | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | . [| | |
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| TITLE NAME STREET ADDRESS | | | | | . , | | | |

12. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or typic changed, or on an attachment with an adith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tis fue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director information execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: