

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # M86098

1. Entity Name
R.L. JAMES INC. GENERAL CONTRACTOR



Principal Place of Business
**13751 JETPORT COMMERCE PARKWAY
FT. MYERS, FL 33913**

Mailing Address
**13751 JETPORT COMMERCE PARKWAY
FT. MYERS, FL 33913**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0063087	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES, ROBERT
13751 JETPORT COMMERCE PARKWAY
FT. MYERS, FL 33913**

**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!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	JAMES, ROBERT L
STREET ADDRESS	13751 JETPORT COMMERCE PARKWAY
CITY - ST - ZIP	FT. MYERS, FL 33913
TITLE	S
NAME	JAMES, ROBERT L
STREET ADDRESS	13751 JETPORT COMMERCE PARKWAY
CITY - ST - ZIP	FT. MYERS, FL 33913
TITLE	VP
NAME	DAHIN, JOHN B
STREET ADDRESS	13751 JETPORT COMMERCE PARKWAY
CITY - ST - ZIP	FT. MYERS, FL 33913
TITLE	VP
NAME	PHILLIPS, J. KEVIN
STREET ADDRESS	13751 JETPORT COMMERCE PARKWAY
CITY - ST - ZIP	FT. MYERS, FL 33913
TITLE	VP
NAME	RYAN, MICHAEL C
STREET ADDRESS	13751 JETPORT COMMERCE PARKWAY
CITY - ST - ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/30/08-80076-018 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. DAHIN, V.P.

01.16.08

Date

239.936.6002

Daytime Phone #