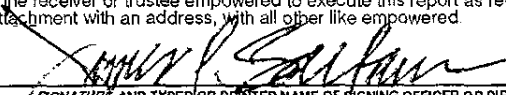


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000005998 1. Entity Name JAMES SARTAIN & ASSOCIATES, INC.																																																																																																																													
Principal Place of Business 37322 MERIDIAN AVE DADE CITY FL 33525			Mailing Address 37322 MERIDIAN AVE DADE CITY FL 33525																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt #, etc		Suite, Apt #, etc																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																									
SARTAIN, JAMES P JR 37322 MERIDIAN AVE DADE CITY FL 33525				Name																																																																																																																									
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																									
				City FL Zip Code																																																																																																																									
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)																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">37322 MERIDIAN AVE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1100000279969</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">DADE CITY FL 33525</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">03/30/05-80001-001 150.00</td> <td></td> </tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"> </td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"> </td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	37322 MERIDIAN AVE		STREET ADDRESS	1100000279969		CITY - ST - ZIP	DADE CITY FL 33525		CITY - ST - ZIP	03/30/05-80001-001 150.00								TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  March 28, 2005 352-523-0114 Date Daytime Phone # 																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													