
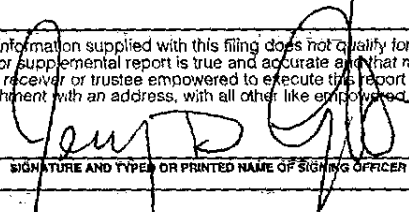


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000006938		
1. Entity Name J.G. ASSOCIATES, INC. ARCHITECT		
Principal Place of Business 12901 MCGREGOR BLVD SUITE 20 FT. MYERS, FL 33919		Mailing Address 12901 MCGREGOR BLVD SUITE 20 FT. MYERS, FL 33919
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent D'ANGELO, JERRY 12901 MCGREGOR BLVD SUITE 20 FT. MYERS, FL 33919		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	D'ANGELO, JERRY	
STREET ADDRESS	12901 MCGREGOR BLVD SUITE 20	
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE	V	
NAME	PRECHT, C. PAUL	
STREET ADDRESS	12901 MCGREGOR BLVD SUITE 20	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		4/25/05 239.437.2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/28/05-80008-005 150.00