


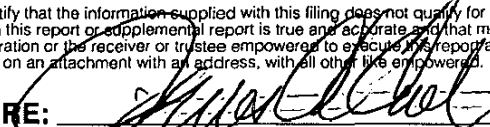
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 038 ***150.00

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DOCUMENT # P0000017204			
1. Entity Name J.A. CARL, INC.		Principal Place of Business 8655 W GULF BLVD TREASURE ISLAND, FL 33706	
Mailing Address 7116 GULF BLVD. SUITE E SAINT PETERSBURG, FL 33706 c/o		2. Principal Place of Business	
3. Mailing Address Terrance P. McNamara, Esq. Suite, Apt. #, etc. 400 Corey Avenue, 2nd Fl.		4. FEI Number 01062005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		City & State St. Pete Beach, FL	
City & State		Applied For Not Applicable	
Zip 33706		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ 7116 GULF BLVD STE E ST PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Fl. City St. Pete Beach FL Zip Code 33706	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CARL, JAMES A 8655 W GULF BLVD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), Florida Statutes, and 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: 		Date: 1-18-05 Daytime Phone #	
James A. Carl, President			