
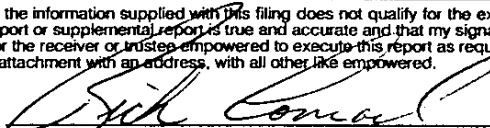


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90170 036 ***150.00

DOCUMENT # P0000051168					
1. Entity Name ST. JAMES AUTOMOTIVE, INC.					
Principal Place of Business 2867 OLEANDER STREET ST. JAMES CITY, FL 33956			Mailing Address 2867 OLEANDER STREET ST. JAMES CITY, FL 33956		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1082168				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONRAD, RICHARD J 2867 OLEANDER STREET ST. JAMES CITY, FL 33956				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD, RICHARD J		NAME	Timothy J Murphy	
STREET ADDRESS	2867 OLEANDER STREET		STREET ADDRESS	6096 Grove Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CICCHINO, VINCENT A		NAME	Christopher McNamara	
STREET ADDRESS	5507 EASY STREET		STREET ADDRESS	3455 Papaya Street	
CITY-ST-ZIP	BOKEELIA, FL 33922		CITY-ST-ZIP	St. James City FL 33956	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN (ASST), BRIAN		NAME		
STREET ADDRESS	313 SW 43RD LANE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN (ASST), H. SCOTT		NAME		
STREET ADDRESS	2122 VICTORIA AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLACE (ASST), DAVID		NAME		
STREET ADDRESS	3300 EIGHTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. JAMES CITY, FL 33956		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODDY (ASST), THOMAS		NAME		
STREET ADDRESS	3511 SW 9TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33956		CITY-ST-ZIP		
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: 			2-23-06 239-283-1996		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		