2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

7/1

FILED
Aug 17, 2005 8:00 am
Secretary of State
07-19-2005 90038 036 ***150.00

DOCUMENT # P00000087130

1. Entity Name

WILFORD CHARLES JAMES AND ASSOCIATES INC.

Principal Place of Business	Mailing Address
2429 FALLON BLVD. 416 PALM BAY FL 32907	2429 FALLON BLVD. 416 PALM BAY FL 32907

2. Principal Place of Business	3. Mailing Address
2429 FALLON BLVD	2429 FALLON BLVD.
Suite, Apt. #, etc. Palm Bay.	Suite, Apt. #, etc. Palm Bay
City & State Florida	City & State Florida
Zip 32907 Country BREVARD	Zip 32907 Country BREVARD

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3717681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, WILFORD C
2429 FALLON BLVD.
PALM BAY FL 32907

7. Name and Address of New Registered Agent

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 Wilford C. James 7/15/2005
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, 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JAMES, WILFORD C		NAME		
STREET ADDRESS	2429 FALLEN BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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 Wilford C James 7/15/2005 - 1-321-9518755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#P00000087130 / 66025882

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
P. O. BOX 1500
TALLAHASSEE FLORIDA 32302-1500

SIR / MADAM:

NOTIFICATION OF RENEWAL FORM FOR MY COPORATOON WAS DELAYED; SO UPON RECIVING OF FORM in the month of July; the FORM WAS COMPLETED; AND MAILED BACK TO the OFFICE OF CORPORATION; With check in the AMOUNT OF #150.00 ASSIGN / WILFORD C. JAMES

THANK YOU

Wilford C. James