

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Jul 05, 2005 8:00 am
Secretary of State

05-19-2005 90046 005 ***150.00

DOCUMENT # P00000112536

1. Entity Name
JAMES SPEAR DESIGN, INC.



Principal Place of Business Mailing Address

13031 US HWY 19N
 CLEARWATER, FL 33764
**7370 124TH AVE N
 LARGO FL 33773**

13031 US HWY 19N
 CLEARWATER, FL 33764
**7370 124TH AVE N
 LARGO FL 33773**

66024142



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3685413 Not Applicable

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

6. Name and Address of Current Registered Agent

~~DOWD, JEFFREY A P.A.
 550 N. REO STREET
 SUITE 302
 TAMPA, FL 33609~~

**HAVE NEW
 JAMES R. SPEAR
 7370 124TH AVE N
 LARGO, FL 33773**

7. Name and Address of New Registered Agent

Name **JAMES R SPEAR**

Street Address (P.O. Box Number is Not Acceptable)
7370 124TH AVE N

City **LARGO** FL Zip Code **33773**

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 James R Spear DATE 6-23-05

Signature, Name of Current Agent or Registered Agent and Tax Identification Number (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$560.00
 Due by September 7, 2005**

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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, JAMES R JR	NAME	
STREET ADDRESS	13031 US HWY 19N	STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 33764 LARGO FL 33773	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: James R Spear DATE 6/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR