

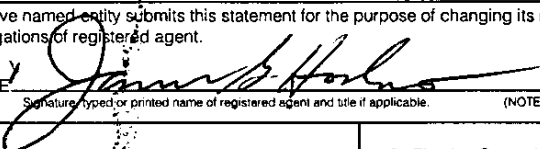
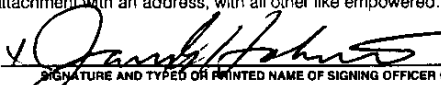


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-05-2005 90120 006 ***550.00

DOCUMENT # P01000034195 1. Entity Name JAMES G HOSKINS, INCORPORATED					
Principal Place of Business 1519 CAMPHOR CORE DR. LUTZ, FL 33549			Mailing Address 1519 CAMPHOR CORE DR. LUTZ, FL 33549		
2. Principal Place of Business 18845 US Hwy 41 N Suite, Apt. #, etc.		3. Mailing Address 18845 US Hwy 41 N Suite, Apt. #, etc.			
City & State Lutz Florida		City & State Lutz, Florida		4. FEI Number 59-3716281	
Zip 33549		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSKINS, JAMES G 4013 W LINEBAUGH AVE #104 TAMPA, FL 33624				7. Name and Address of New Registered Agent Name James G. Hoskins Street Address (P.O. Box Number is Not Acceptable) 18845 N US Hwy 41 N City Lutz FL Zip Code 33549	
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:  6/29/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P HOSKINS, JAMES G 1519 CAMPHORE COVE DR. LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hoskins, James G 18845 US Hwy 41 N Lutz Fl 33549
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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. 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: 				Date 6/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	