

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057050

**FILED**  
**Mar 26, 2005**  
**Secretary of State**

**Entity Name:** JOHN ST. CLAIR & ASSOCIATES, INC.

**Current Principal Place of Business:**

9447 OLD LAKELAND HWY.  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

9447 OLD LAKELAND HWY.  
DADE CITY, FL 33525

**New Mailing Address:**

P.O. BOX 2173  
DADE CITY, FL 33526

**FEI Number:** 59-3725430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST. CLAIR, JOHN  
40333 TROTTER LANE  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

ST. CLAIR, JOHN  
P.O. BOX 2173  
DADE CITY, FL 33526 US

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.

**SIGNATURE:** JOHN ST. CLAIR

03/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VD ( ) Delete  
**Name:** ST. CLAIR, JACKIE  
**Address:** 40333 TROTTER LN  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** PD ( ) Delete  
**Name:** ST CLAIR, JOHN  
**Address:** 40333 TROTTER LANE  
**City-St-Zip:** DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** VD (X) Change ( ) Addition  
**Name:** ST. CLAIR, JACKIE  
**Address:** P.O. BOX 2173  
**City-St-Zip:** DADE CITY, FL 33526

**Title:** PD (X) Change ( ) Addition  
**Name:** ST CLAIR, JOHN  
**Address:** P.O. BOX 2173  
**City-St-Zip:** DADE CITY, FL 33526

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JACKIE ST. CLAIR

VD

03/26/2005

Electronic Signature of Signing Officer or Director

Date