

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

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04252005 No Chg-P CR2E034 (10/03)

DOCUMENT # P01000104263
1. Entity Name
J & T DALRYMPLE & ASSOCIATES, INC.



Principal Place of Business
2816 WESTON TERRACE
PALM HARBOR, FL 34685

Mailing Address
2816 WESTON TERRACE
PALM HARBOR, FL 34685

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4. FEI Number
01-0559507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DALRYMPLE, TAMMARA J
2816 WESTON TERRACE
PALM HARBOR, FL 34685

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DALRYMPLE, JAMES
STREET ADDRESS	2816 WESTON TERRACE
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	DALRYMPLE, TAMMARA J
STREET ADDRESS	2816 WESTON TERRACE
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Tammara J Dalrymple 4/28/2005 737-787-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #