


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90006 005 ***150.00

DOCUMENT # P01000115416					
1. Entity Name JAMES BARNETT, P.A.					
Principal Place of Business 2837 NW 45TH AVE. 33993, FL 33994			Mailing Address 2837 NW 45TH AVE. 33993, FL 33994		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33993		Country		Zip 33993	
Country		Country		4. FEI Number 65-1159487	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNETT, JAMES 3429 SW 7 LN CAPE CORAL, FL 33991					
7. Name and Address of New Registered Agent Name JAMES BARNETT Street Address (P.O. Box Number is Not Acceptable) 2837 NW 45th Av City CAPE CORAL FL Zip Code 33993					
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 BARNETT (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: 01-04-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P/D BARNETT, JAMES <input type="checkbox"/> Delete				
NAME	3429 SW 7 LN				
STREET ADDRESS	CAPE CORAL, FL 33994 33993				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
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TITLE	<input type="checkbox"/> Delete				
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P/D JAMES BARNETT <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	2837 NW 45th Av				
STREET ADDRESS	CAPE CORAL, FL 33993				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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: JAMES BARNETT 01-04-05 239 283-3539 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50000577



01042005 Chg-P CR2E034 (10/03)