


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000119757 1. Entity Name JAMES I. RIDLEY, P.A.	
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Principal Place of Business 1401 EAST BROWARD BLVD, STE 200 FT LAUDERDALE, FL 33301 US	Mailing Address 1401 EAST BROWARD BLVD, STE 200 FT LAUDERDALE, FL 33301 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired - ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent RIDLEY, JAMES I P.A. 1401 EAST BROWARD BLVD, STE 200 FT LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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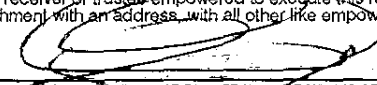
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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
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10. OFFICERS AND DIRECTORS		U00000173790 01/07/05-80033-009 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RIDLEY, JAMES I 1401 EAST BROWARD BLVD, STE 200 FT LAUDERDALE, FL 33301	
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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:  **1/4/2005** **954 467 7123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #