2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P02000050206** May 04, 2005 08:00 AM JAMÉS AND JAMES HOLDING, INC. **Secretary of State** Principal Place of Business Mailing Address 2048 APEX COURT 2048 APEX COURT APOPKA, FL 32703 APOPKA, FL 32703 04302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3698602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, JAMES S DO NOT WRITE 2048 APEX COURT APOPKA, FL 32703 IN THIS SPACE 1. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE !S \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS n mif NAME HILL JAMES S 2048 APEX COURT STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 me D U00000360247 05/05/05-80024-020 150.00 NAME CANAVAN, JAMES B 2048 APEX COURT STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MIF NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+/30/<u>0</u>5

Daytime Phone #