## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P02000077667 1. Entity Name JAMES LEWELLEN, INC. Principal Place of Business Mailing Address 137 SUNWAY AVENUE **137 SUNWAY AVENUE** SARASOTA, FL 34237 SARASOTA, FL 34237 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2063965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWELLEN, JOYCE DO NOT WRITE 137 SUNWAY AVENUE SARASOTA, FL 34237 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsteiting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE NAME LEWELLEN, JAMES 137 SUNWAY AVENUE STREET ADDRESS U00000135221 04/28/04-80050-021 1**50.00** SARASOTA, FL 34237 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITEF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE 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 attachingerly with an address, with 31 or Block 10 or Block 10 or Block 11 if changed, or on an attachingerly with an address, with 31 or Block 10 or Block 10 or Block 11 if changed.

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #