

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000135593

1. Entity Name
JAMES M. HULBERT ASSOCIATES, INC.



Principal Place of Business
**1800 THE GREENS WAY
#2010
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**1800 THE GREENS WAY
#2010
JACKSONVILLE BEACH, FL 32250 US**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1031877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HULBERT, JAMES M
1800 THE GREENS WAY
#2010
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
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 _____ 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, 2006 Fee will be \$550.00**

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

**U00000396166
01/27/06-80020-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HULBERT, JAMES M
STREET ADDRESS	1800 THE GREENS WAY #2010
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #