


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000005094
 1. Entity Name
JIM AKERS & ASSOCIATES, INC.



Principal Place of Business 6817 SOUTHPORT PKWY 1304 JACKSONVILLE, FL 32216	Mailing Address 6817 SOUTHPORT PKWY 1304 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3674003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AKERS, JAMES E
 6817 SOUTHPOINT PKWY SUITE #1304
 JACKSONVILLE, FL 32216

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

000000769858
 07/20/07-80008-002 8.75
 000000769858
 07/20/07-80008-001 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AKERS, JAMES E 6817 SOUTHPOINT PKWY STE 1304 JACKSONVILLE, FL 32216
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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: James E. Akers, President 7/17/07 904 281-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #