
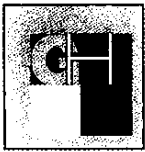


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90244 015 ***150.00

DOCUMENT # P03000139082 1. Entity Name JIM SODA, P.A.					
Principal Place of Business 8209 CHAMPIONSHIP COURT BRADENTON, FL 34202			Mailing Address 777 SOUTH PALM AVENUE SUITE 2 SARASOTA, FL 34236		
2. Principal Place of Business 6910 Belmont Court			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Bradenton, FL			City & State		
Zip 34202		Country USA		Zip	
Country		4. FEI Number 20-0442481			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZARANTANI, GEORGE H ESQ 777 SOUTH PALM AVENUE SUITE 2 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SODA, JIM 8209 CHAMPIONSHIO COURT BRADENTON, FL 34202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Soda, Jim 6910 Belmont Court Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jim Soda</i> APR 20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



LAW OFFICES OF
GEORGE H. MAZZARANTANI, P.A.

ATTACHMENT

40085068

PHONE: 941.954.6000
FAX: 941.953.8220
WWW.MAZZARANTANI.COM

KODRA PROFESSIONAL CENTER
777 SOUTH PALM AVENUE, SUITE 2
SARASOTA, FL 34236

#P03000139082

April 20, 2006

Via First Class Mail

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Jim Soda, P.A.
Our File No. 2004-0141

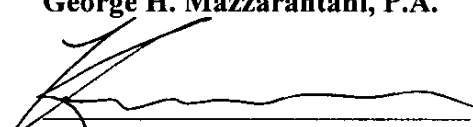
Dear Sir/Madam:

Please find enclosed the executed 2006 for Profit Corporation Annual Report for the above referenced entity along with check number 2486 in the amount of \$150.00 representing payment of the State filing fee for the same.

Should you have any questions in this regard or require anything further, please do not hesitate to contact us. Thank you.

Very Truly Yours,

Law Offices of
George H. Mazzarantani, P.A.


Kim G. Hermann, Legal Assistant
For The Firm
kim@mazzarantani.com

/kgh
Enclosures
cc: George H. Mazzarantani, Esquire