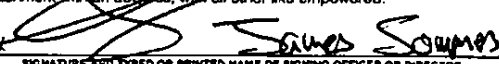


FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 014 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000140956		
1. Entity Name JAMES SOMMERS P.A.		
Principal Place of Business 3743 SE 2ND PLACE CAPE CORAL, FL 33904	Mailing Address 3743 SE 2ND PLACE CAPE CORAL, FL 33904	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOMMERS, JAMES 3743 SE 2ND PLACE CAPE CORAL, FL 33904		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 registering) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOMMERS, JAMES 3743 SE 2ND PLACE CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 SOMMERS		Date: 6-30-08 Daytime Phone #: (279-851-2881)

40045837



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0569680	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required