

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144641	
1. Entity Name RUSSELL P. JAMES CONSTRUCTION, INC.	

Principal Place of Business 888 DEER LAKE ROAD AVON PARK FL 33825	Mailing Address P.O. BOX 148 AVON PARK FL 33826
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 86-1090885	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
NUNNALLEE, THOMAS L 325 NORTH COMMERCE AVENUE SEBRING FL 33870

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	Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME JAMES, RUSSELL P		NAME	
STREET ADDRESS 888 DEER LAKE ROAD		STREET ADDRESS	
CITY-ST-ZIP AVON PARK FL 33825		CITY-ST-ZIP	
TITLE VSTD	☐ Delete	TITLE	☐ Change ☐ Add
NAME JAMES, PATRICIA M		NAME	
STREET ADDRESS 888 DEER LAKE ROAD		STREET ADDRESS	
CITY-ST-ZIP AVON PARK FL 33825		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILE: RUSSELL JAMES P 1/31/06 (813) 1153-11718