

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 86-1090885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVENUE
SEBRING FL 33870

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 registered)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	JAMES, RUSSELL P	
STREET ADDRESS	888 DEER LAKE ROAD	
CITY, ST, ZIP	AVON PARK FL 33825	
TITLE	VSTD	☐ Delete
NAME	JAMES, PATRICIA M	
STREET ADDRESS	888 DEER LAKE ROAD	
CITY, ST, ZIP	AVON PARK FL 33825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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01/29/07-80018-019 150.00

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, and all other who empowered.

SIGNATURE:

Russell P. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

863-453-4268

Date

Daytime Phone #