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Secretary of State

04-28-2005 90174 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145864

1. Entity Name
J & B LEWIS & ASSOCIATES INC

66021354

Principal Place of Business	Mailing Address
466 34TH AVE VERO BEACH, FL 32968	P O BOX 65119 VERO BEACH, FL 32965

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1977 Sixty Oaks Lane	PO Box 651189
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State: Vero Beach FL 32965
Zip: 32966 Country: USA	Zip: 32965-1189 Country:

4. FEI Number: 20-0419421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEWIS, JAMES E~~
~~P O BOX 65119~~
~~VERO BEACH, FL 32965~~
1977 SIXTY OAKS LANE
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) P.O. Box 65119

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: James E Lewis 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LEWIS, JAMES E STREET ADDRESS P O BOX 65119 CITY-ST-ZIP VERO BEACH, FL 32965	☐ Delete	TITLE NAME STREET ADDRESS PO Box 651189 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME SILLS-LEWIS, BARBARA STREET ADDRESS P O BOX 65119 CITY-ST-ZIP VERO BEACH, FL 32965	☐ Delete	TITLE NAME STREET ADDRESS PO Box 651189 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Sills-Lewis 4/25/05 772 794 5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #