

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145864

Entity Name: J & B LEWIS & ASSOCIATES INC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

1977 SIXTY OAKS LANE
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

P O BOX 651189
VERO BEACH, FL 329651189

New Mailing Address:

FEI Number: 20-0419421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JAMES E
1977 SIXTY OAKS LANE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, JAMES E
Address: P O BOX 651189
City-St-Zip: VERO BEACH, FL 32965

Title: D () Delete
Name: SILLS-LEWIS, BARBARA
Address: P O BOX 651189
City-St-Zip: VERO BEACH, FL 32965

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E LEWIS

D

05/22/2006

Electronic Signature of Signing Officer or Director

_____ Date