

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156813

FILED  
Apr 08, 2006  
Secretary of State

Entity Name: JAMES FINANCIAL PLANNING SERVICES, INC.

**Current Principal Place of Business:**

1204 SW 54TH LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101430  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 54-2138477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOSS, JAMES  
1204 SW 54TH LANE  
CAPE CORAL, FL 33914 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOSS, JANES  
Address: 1204 SW 54 LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete  
Name: VOSS, PEGGY  
Address: 1204 SW 54 LANE  
City-St-Zip: CAPE CORAL, FL 33914

**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 VOSS

PRES

04/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date