

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90004 032 ***150.00

DOCUMENT # P04000020481

1. Entity Name
JAMES R. DEPEW, INC.



Principal Place of Business
**4 BUCKINGHAM DR.
ORMOND BEACH, FL 32176**

Mailing Address
**4 BUCKINGHAM DR.
ORMOND BEACH, FL 32176**

50060166



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

07202005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

20-1497848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DEPEW, JAMES R
4 BUCKINGHAM DR.
ORMOND BEACH, FL 32176**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEPEW, JAMES R**
STREET ADDRESS **4 BUCKINGHAM DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **V** ☐ Delete
NAME **DEPEW, JAMES R**
STREET ADDRESS **4 BUCKINGHAM DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **S** ☐ Delete
NAME **DEPEW, JAMES R**
STREET ADDRESS **4 BUCKINGHAM DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **T** ☐ Delete
NAME **DEPEW, JAMES R**
STREET ADDRESS **4 BUCKINGHAM DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James R. Depew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05 386.295.2877
Date Daytime Phone #