

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 08:00 AM
Secretary of State ATX1

DOCUMENT # P04000023527
1. Entity Name JAMES A GEORGE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2982 CALDER DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State
Zip 32250	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0596050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAMES A GEORGE
Street Address (P.O. Box Number is Not Acceptable) 2982 CALDER DRIVE
City JACKSONVILLE
State FL
Zip Code 32250

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES A GEORGE 2982 CALDER DR JACKSONVILLE FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000332558	04/26/05-80063-001 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James A George* **4-14-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #