2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State 03-17-2005 90017 024 ***150.00

DOCUMENT # P04000111213 1. Entity Name JAMES L. PRATER, P.A.						03-17-2005 9	90017 024 ***1	50.00	
Principal Plac	e of Business	Mailing Address							
6099 A1A SOUTH 6099 A1A SOUTH									
ST AUGUSTINE, FL 32080		ST AUGUSTINE, FL 32080							
					1 13 6 11 6 1 6 1	am eren atur esik atu		1 1111 1 11 12 1 1 1 2 1	
2. Principal P	lace of Business	3. Mailing Address							
•					1 (10 6)(10 6) 1)(0	arn arbn arin bois aald	NA TIMBI TIMBA TIMBA TIMBI TIMBI TIMB	M HIIVMEN NA NAMAN	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03152005	Chg-P	CR2E034 (10/0	3)		
City & State		City & State		4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For		
		Only di Glate			20		702	Not Applicable	
Žip	Country Zip Cou		Coun	try	5. Certificate o	of Status Desired	□ \$8.75		
		A Danishan at Amark	L		<u> </u>		Fee Requ	ired	
	6. Name and Address of Currer	t Hegistered Agent		Name	/. Name and /	Address of New R	egistered Agent		
PRATER, JAMES L									
6099 A1A				Street Address (P.O. Box Number is Not Acceptable)					
STAUGUS	STINE, FL 32080								
.,				City			□ Zip C	ohe	
A				····					
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or register	ed agent, or both	i, in the State of Flo	rida. I am familiar wi	th, and accept	
inc conga									
SIGNATURE	Signature, typed or printed name of registered age	it and title if applicable. [NOT	E: Registere	d Agent signature required	when reinstating)		DATE	·····	
\$	<u> </u>	·· ·							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees				
10.			11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
TITLE 55 NAME	P AMES	☐ Delete	TITLE	I			Chang	e 🔲 Addition	
STREET ADDRESS	PRATER, JAMES L 6099 A1A SOUTH		NAM	ET ADDRESS					
CITY-ST-ZIP									
CITT-31-4F	ST AUGUSTINE, FL 32080			-ST-ZIP					
TITLE		☐ Delete		-ST-ZIP			Chang	e 🔲 Addition	
TITLE NAME		☐ Delete	CITY TITLE NAM	-ST-ZIP			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS		☐ Delete	CITY TITLE NAM STRE	-ST-ZIP E E ET ADDRESS			☐ Chang	e 📋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY TITLE NAM STRE CITY	-ST-ZIP E E ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	CITY TITLE NAM STRE	-ST-ZIP E E E F-ST-ZIP E			☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY TITLE NAM: STRE CITY TITLE	-ST-ZIP E E E F-ST-ZIP E					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY TITLE NAM STRE CITY TITLE NAM STRE	-ST-ZIP E E E-ST-ZIP E E E E E E E					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	-ST-ZIP E E E E F E F F F F F F F F F F F F F				e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM NAM	-ST-ZIP E E E E E FT ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	-ST-ZIP E E E E F E F F F F F F F F F F F F F			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete ☐ Deleta	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	-ST-ZIP E E E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM NAM	-ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E-ST-ZIP E E E-ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Delete ☐ Deleta	CITY TITLE NAM. STRE CITY TITLE NAM. STRE CITY TITLE NAM. STRE CITY TITLE NAM. STRE STRE STRE STRE	-ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Delete ☐ Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	-ST-ZIP E E E ET ADDRESS -ST-ZIP E E E -ST-ZIP E E E E E E E E E E E E E E E E E E			☐ Chang	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST AUGUSTINE, FL 32080	Delete Delete Delete	CITY TITLE NAM STRE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	-ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E ET ADDRESS			☐ Chang	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUGUSTINE, FL 32080	☐ Delete ☐ Delete ☐ Delete	CITY TITLE NAM. STRE CITY TITLE NAM.	-ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E ET ADDRESS			☐ Chang	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUGUSTINE, FL 32080	Delete Delete Delete	CITY TITLE NAM STRE CITY	-ST-ZIP E E ET ADDRESS -ST-ZIP			☐ Chang	e Addition e Addition e Addition	

indicated on this report or supplemental report is true and acquired 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 of t

SIGNATURE

James

904-47/-3900 Dayume Phone #