2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2005 8:00 am Secretary of State

Daytime Phons #

DOCUMENT # P04000152743 1. Entity Name STEVEN JAMES INC.)	04-29-2005 901	90 013 *	**150.0	0
Principal Place 2240 DOVEF PENSACOLA,	IELD DRIVE		Mailing Address 2240 DOVEFIELD DRIVE PENSACOLA, FL 32534			1 000-				
2. Principal Pi	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State		4. FEI Numbe	206676	 8_		plied For t Applicable	
Zip	Country		Zip	Cour	ntry		of Status Desired	_ \ \$	8.75 Add ee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	glatered A	ent	
LITTON, STEVEN J 2240 DOVEFIELD DRIVE PENSACOLA, FL 32534					Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Code	
The above named entity submits this statement for the purpose of changing its register.					l	ared agent of her	h in the State of Fire	FL		
	ions of regist		or the perpose of changing in	a register	ed office of registe	sied agent, or oot	ri, iii tile State (ii Fior	iua. Faiiria	iripper with,	ани ассерт
SIGNATURE_	Signature, typed	or printed name of registered agent	t and this if applicable. (NO	TE: Recistore	d Agent signature require	ed when reinstaling		DATE		
4										
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Camp Trust Fund Cor	_	~ _ +-	5.00 May Be Ided to Fees				
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFIC	**********		
TITLE NAME	P Delete			TITL NAM					□ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2240 DO\	VEFIELD DRIVE OLA, FL 32534		STREI City-						
TITLE NAME	☐ Delote ↑				1				☐ Change	☐ Addition
STREET ADDRESS City-St-Zip	■ *				EET ADDRESS					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
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CITY-ST-ZIP				1	(-SI-ZIP					
TITLE			☐ Delote	TITL					Change	☐ Addition
NAME STREET ADDRESS				NAM STRI	EET ADDRESS					
CTTY-ST-ZIP					7-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
name Street address				, nam Stri	EET ADDRESS					
CITY+ST-ZIP				CITY	(-SI-ZIP	 				<u></u>
TITLE NAME			☐ Delete	TITL Nam					Change	Addition
STREET ADDRESS					TE. EET ADDRESS					
CITY-ST-ZIP				1	r-ST-ZIP					
12. I hereby of indicated of the concentrated,	certity that the on this repo poration or the or on an atta	e information supplied wit ort or supplemental report the receiver or trustee emp achment with an address	h this filing does not qualify to is true and accurate and that covered to execute this repo- with all other like empowere	or the exe . my signa rt as requi d.	emption stated in Sature shall have the ired by Chapter 60	Section 119.07(3)(e same legal effec 07, Florida Statute	 i), Florida Statutes, I it as if made under of s; and that my name 	further certil ath; that I ar appears in	y that the ir n an officer Block 10 or	nformation or director Block 11 if