

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90001 007 ***150.00

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06142006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000034674					
1. Entity Name DEBORAH I JAMES PA					
Principal Place of Business P O BOX 1287 BELLEVIEW, FL 34421			Mailing Address 16570 S HWY 441 SUMMERFIELD, FL 34491		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMES, DEBORAH I 16570 S HWY 441 SUMMERFIELD, FL 34491			Name <u>Deborah I James</u> Street Address (P.O. Box Number is Not Acceptable) <u>8900 SE 19th Ave Rd.</u> City <u>Ocala</u> FL Zip Code <u>34480</u>		
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 <u>Deborah I James President</u>			SIGNATURE <u>[Signature]</u>		DATE <u>6/22/06</u>
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when resigning)		DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S JAMES, DEBORAH I P O BOX 1287 BELLEVIEW, FL 34421 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u>			Date <u>6/22/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		