

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 045 ***150.00

DOCUMENT # P06000093770 1. Entity Name JAMES WATERS PROFESSIONAL ASSOCIATION																											
Principal Place of Business 1907 UNIVERSITY BLVD. JACKSONVILLE, FL 32217		Mailing Address 1907 UNIVERSITY BLVD. JACKSONVILLE, FL 32217																									
2. Principal Place of Business - No P.O. Box # 1904 University Blvd West Suite, Apt. #, etc.		3. Mailing Address 1904 University Blvd West Suite, Apt. #, etc.																									
City & State Jacksonville, FL Zip Country 32217 USA		City & State Jacksonville, FL Zip Country 32217 USA																									
4. FEI Number 20511841		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent WATERS, JAMES 1907 UNIVERSITY BLVD. West JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name James F. Waters III Street Address (P.O. Box Number is Not Acceptable) 1904 University Blvd West City Jacksonville FL Zip Code 32217																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WATERS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1907 UNIVERSITY BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32217</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WATERS, JAMES		STREET ADDRESS	1907 UNIVERSITY BLVD.		CITY-ST-ZIP	JACKSONVILLE, FL 32217		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04130107 9093678747 Date Daytime Phone #																									