2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 08:00 AM

ANNUAL REPORT				Secretary of State		
	MENT # P93000	036654			Secre	ary or State
1. Entity Nam BARBAR	A M. JAMES, INC.					
Principal Plac	e of Business	Mailing Address	<u> </u>			
115 SAND DOLLAR LANE 115 SAND DOLLAR LANI SARASOTA, FL 34242 SARASOTA, FL 34242						
	A STATE OF THE STA		CKabijasi ki kili	04212004	No Chg-P CF	R2E034 (10/03)
L	O NOI WHI	TE IN THIS SI	'ACE	4. FEI Numbe 65-042		Applied For Not Applicab
					of Status Desired	\$8.75 Additional
	6. Name and Address of Ci	urrent Registered Agent				Fas Required
				adi di di di di dependente Salah di		
JAMES, BARBARA M 115 SAND DOLLAR LANE				DO	NOT WRI	
SARASOTA, FL 34242				IN T	THIS SPAC	
SIGNATURE.	tionslot registered agent. Signature types or printed name of rights about	od applyand trie was pricable. (NOTE:	Registered Agent's gnature required	f when roinstating)	Max,	Down_
	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$.00 May Be led to Fees		
10. HILE	OFFICER.	S AND DIRECTORS			st permissional survey and a survey of the contract of the con	
NAME	JAMES, BARBARA M				Indiana an	to the second se
STREET ADDRESS CHY-ST-ZIP	115 SAND DOLLAR LANE SARASOTA, FL 34242				04/26/04-900	347 74-016 150 00
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NAME SIREET ADORESS				skut njimbin Libbba L	and Markets (ACC) in the contract of the contr	
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STREET ADDRESS				the second of	NOT WRI	***************************************
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NAME				oradi i. Torrobaka	THIS SPA	
STREET ADDRESS CITY-ST-ZIP						
DILE						
name Street address				landi.		
CITY-SI-ZIP					land of the following specific his	die verschiede deutsche der der der der der der der der der de

12. Thereby cortify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with at other like empowered.

THLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #