


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**


03-15-2006 90095 042 \*\*\*150.00

<b>DOCUMENT # P94000047166</b>	
1. Entity Name JAMES H. ELSON, P.A.	

Principal Place of Business 680 8TH AVE. S NAPLES, FL 34102	Mailing Address 680 8TH AVE. S NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**

40031833



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0496956	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

ELSON, JAMES  
680 8TH AVE. S  
NAPLES, FL 33940

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

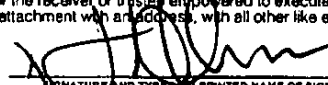
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS ELSON, JAMES 680 8TH AVE. S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELSON, JAMES 680 8TH AVE. S NAPLES, FL 34102
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**DO NOT WRITE  
IN THIS SPACE**

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:  2/15/6 239-434-2652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40031833

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2006

JAMES H. ELSON, P.A.  
680 8TH AVE. S  
NAPLES, FL 34102

Subject: JAMES H. ELSON, P.A.

Reference Number: P94000047166

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION