


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 036 ***150.00

DOCUMENT # P98000051359					
1. Entity Name JIM SHIPLEY & ASSOCIATES, INC.					
Principal Place of Business 232 BATH CLUB BLVD N N REDDINGTON BCH, FL 33708 N. REDINGTON BCH			Mailing Address 232 BATH CLUB BLVD N N REDDINGTON BCH, FL 33708 N. REDINGTON BCH		
2. Principal Place of Business 232 Bath Club Blvd N			3. Mailing Address 232 Bath Club Blvd N		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State N Redington Beach, FL			City & State N Redington Beach, FL		
Zip 33708		Country Pinellas		4. FEI Number 59-3515573	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHIPLEY, JIM 232 BATH CLUB BLVD N N REDDINGTON BCH, FL 33708			7. Name and Address of New Registered Agent Name Jim Shipley Street Address (P.O. Box Number is Not Acceptable) 232 Bath Club Blvd N City N Redington Beach FL Zip Code 33708		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		correction to spelling only	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHIPLEY, JIM 232 BATH CLUB BLVD N N REDDINGTON BCH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Jim Shipley 232 Bath Club Blvd N N Redington Beach, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(spelling of city)</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV SHIPLEY, MARIE R 232 BATH CLUB BLVD N N REDDINGTON BCH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV Marie R. Shipley 232 Bath Club Blvd N. N. Redington Beach, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>spelling of city</i>		
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		
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		
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		
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: <i>Marie Shipley</i>		x MARIE SHIPLEY 2/1/06 (727) 398-7550			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			