2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095521

Entity Name: RP JAMES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3713 BAY CREEK DR. 1001 ARBOR LAKE DRIVE BONITA SPRINGS, FL 34134

APT. 1408

NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

GOODMAN BREEN & GIBBS 3838 TAMIAMI TR NORTH #300 NAPLES, FL 34103

FEI Number: 59-3605654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODMAN BREEN & GIBBS 3838 TAMIAMI TRAIL NORTH STE 300 NAPLES, FL 34103 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JAMES, PAULINE H JAMES, ROBERT C Name: Name: 3713 BAY CREEK DRIVE 1001 ARBOR LAKE DRIVE, #1408 Address: Address:

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL 34110

Title: VTS Title: () Delete (X) Change () Addition Name: JAMES, ROBERT C Name: JAMES, BARRY P

3713 BAY CREEK DRIVE 1001 ARBOR LAKE DRIVE, #1408 Address: Address: BONITA SPRINGS, FL 34134 NAPLES, FL 34110 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition Name: JAMES, CHRISTOPHER H Name: 1001 ARBOR LAKE DRIVE, #1408 Address: Address:

City-St-Zip: City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ROBERT C. JAMES 04/30/2009