


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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| DOCUMENT # V03137 1. Entity Name J. MICHAEL DOUGLASS, P.A. |  |
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| Principal Place of Business 1872 S TAMiami TRAIL SUITE D VENICE, FL 34293 | Mailing Address 1872 S TAMiami TRAIL SUITE D VENICE, FL 34293 |
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04112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0302854 | 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

DOUGLASS, JAMES MICHAEL
1090 OLEANDER ST
ENGLEWOOD, FL 34223

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 _____
Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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 | DP DOUGLASS, JAMES MICHAEL 1090 OLEANDER ST ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST DOUGLASS, JAMES MICHAEL 1090 OLEANDER ST ENGLEWOOD, FL 34223 |
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12. I hereby certify that the information supplied with this filing 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 all other life empowered.

SIGNATURE: *J. Michael Douglass, P.A.* 4/11/05 (941) 493-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #