


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V25931</b> 1. Entity Name <b>JAMES DAHL &amp; COMPANY, INC.</b>	
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Principal Place of Business <b>1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US</b>
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**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3116743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, M. ASHTON  
1200 RIVER PLACE BLVD STE 902  
JACKSONVILLE, FL 32207**

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHL, JAMES 1200 RIVER PLACE BLVD., STE 902 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAHL, WILLIAM 1200 RIVERPLACE BLVD, STE 902 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAHOON, ART 1200 RIVER PLACE BLVD, STE 902 JACKSONVILLE, FL
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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)(f), 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: William L Dahl **WILLIAM L DAHL** 3/3/05 904-343-9020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #