

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 608363 1. Entity Name JAMSON ENVIRONMENTAL, INC.		
Principal Place of Business 11817 ELYSSA ROAD THONOTOSASSA, FL 33592	Mailing Address 11817 ELYSSA ROAD THONOTOSASSA, FL 33592	
DO NOT WRITE IN THIS SPACE		 04072005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2628365 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent EASTMAN, PATRICIA 11817 ELYSSA ROAD THONOTOSASSA, FL 33592		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 _____ Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000305466 14/14/05-80085-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EASTMAN, PATRICIA 11817 ELYSSA ROAD THONOTOSASSA, FL 33592	
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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 like empowered.		
SIGNATURE: <i>Patricia A. Eastman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-986 3310 4-11-05 Date Daytime Phone #