2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # H71332** 02-19-2004 90009 009 ***150.00 1. Entity Name JAMÁICA BAY, INC. Mailing Address Principal Place of Business 31005 JAMAICA BAY DRIVE 24008133 31005 JAMAICA BAY DRIVE BOYNTON BCH., FL 33436 BOYNTON BCH., FL 33436 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. 02132004 Cho-P CR2E034 (10/03) City & State 4. FEI Numbe Applied For City & State 59-2578859 Not Applicable Zìo Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINE, JAY STEVEN Street Address (P.O. Box Number is Not Acceptable) 2500 NORTH MILITARY TRAIL **SUITE 490 BOCA RATON, FL 33431** City Zip Code 8. The above named entity submits this statement for the ourpose 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 Senature, Needler printed agree of regislered agent and the flagetimese. (NOTE: Registered Agent's anothre regulard visco rehistation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Added to Foes Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change De'ete Addition TITI F SD OGLE, NORMA J NAME NAME Hammar, James F STREET ADDRESS 54017 CHAPELLA BAY 36004 Dron Bay /Boynton Beach, FL STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE FRAZIER, ELIZABETH C NAME NAME Deeks, Kathleen 39003 Gayle Bay/Boynton Beach, FL STREET ADDRESS 48001 JARUCO BAY STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-7IP Addition TITLE TITLE ☐ Change O'BRIEN, CHARLES F NAME Tucker, Richard NAME 49012 INAUGA BAY STREET ADDRESS STREET ADDRESS 42019 Jima Bay/Boynton Beach, FL 33436 CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITI F ☐ Change TD ☐ Delete ☐ Addition TITLE NAME QUAID, JOSEPH C NAME STREET ADDRESS STREET ADDRESS 16010 FONTEIN BAY CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ De ete TITLE ☐ Change ☐ Addition TITLE SEEVER, JOHN C NAME NAME STREET ADDRESS 52021 FLORINADA BAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL De ete DH F Change ☐ Addition TITLE JOHNSTON, JERRY W NAME NAME STREET ADDRESS 49007 INAUGA BAY STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP BOYNTON BEACH, FL 33436 12. Thereby 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 suppliemental 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.

FILED

Feb 19, 2004 8:00 am

Caylore Phone #