

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121517

Entity Name: JEM-AM, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

646 EIGHTH STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 829
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 27-0071318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALTZMAN, AARON R
646 EIGHTH STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MALTZMAN, JODY E
646 EIGHTH STREET
CLERMONT, FL 34711 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: MALTZMAN, JODY, E.

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MALTZMAN, JODY E
Address: PO BOX 829
City-St-Zip: MINNEOLA, FL 34755

Title: VTD (X) Delete
Name: MALTZMAN, AARON R
Address: PO BOX 829
City-St-Zip: MINNEOLA, FL 34755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: MALTZMAN, JODY E
Address: PO BOX 829
City-St-Zip: MINNEOLA, FL 34755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JODY E MALTZMAN

P

02/15/2005

Electronic Signature of Signing Officer or Director

Date