

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32143

FILED
Apr 01, 2004
Secretary of State

Entity Name: JAM MER FLEA CONTROL SYSTEM, INC.

Current Principal Place of Business:

1911 US HWY 301 N
STE 150
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1911 US HWY 301 N
STE 150
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3123561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, JEFFERY M
400 N. ASHLEY DR., STE. 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, JOYCE
Address: 1911 US HWY 301 N STE 150
City-St-Zip: TAMPA, FL 33619

Title: STD () Delete
Name: HELLMAN, RONNA
Address: 1911 US HWY 301 N STE 150
City-St-Zip: TAMPA, FL 33619

Title: V () Delete
Name: HELLMAN, MERVIN
Address: 1911 U.S. HWY 301, SUITE 150
City-St-Zip: TAMPA, FL 33619

Title: V () Delete
Name: GREEN, JAMES E
Address: 1911 U.S. HWY 301, SUITE 150
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOYCE GREEN

PD

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date