

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90022 028 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K97234</b><br>1. Entity Name<br><b>CEJAM, INC.</b> |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>3310 BOWERS LANE<br/>JACKSONVILLE, FL 32257</b> | Mailing Address<br><b>3310 BOWERS LANE<br/>JACKSONVILLE, FL 32257</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                         |                                       |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>MYERS, Edward<br/>3310 BOWERS LANE<br/>JACKSONVILLE, FL 32257</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 Edward Myers DATE 3/1/04

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when filing this statement.)

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fee</b> |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Edward Myers, President<br/>3310 BOWERS LANE<br/>JACKSONVILLE, FL 32257</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V- President<br/>Scott Anderson<br/>4147 Forest Blvd<br/>Jacksonville, FL 32246</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Sec.<br/>Richard Bergstrom<br/>3866 Eunice Rd<br/>Jacksonville, FL 32224</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: Edward Myers DATE 3/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

94025673



03012004 No Chg-P CR2E034 (10/03)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FSI Number<br><b>59-2949136</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |