2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037723

City-St-Zip:

Entity Name: SUWANNEE RIVER COUNTRY JAM. INC

FILED Jun 27, 2005 Secretary of State

Entity Nan	ne: SUWANNEE RIVER COUNTRY	JAM, INC.
Current Pr	incipal Place of Business:	New Principal Place of Business:
	H MARION AVENUE 7, FL 32025	206 SOUTH MARION AVENUE LAKE CITY, FL 32025
Current Ma	ailing Address:	New Mailing Address:
P. O. BOX LAKE CITY	1523 7, FL 32056	
FEI Number:	FEI Number Applied For	() FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and Address of Current Registered Agent:		nt: Name and Address of New Registered Agent:
PEACOCK RT. 13, BO LAKE CITY		PEACOCK, RON P. O. BOX 1523 LAKE CITY, FL 32056 US
The above in the State		r the purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	06/27/2005
	Electronic Signature of Register	ed Agent Date
	ce with s. 607.193(2)(b), F.S., the corporation	·
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title:	P () Delete PEACOCK, RONALD H P.O. BOX 523 LAKE CITY, FL 32056 () Delete	Title: DP (X) Change () Addition Name: PEACOCK, ERIN Address: P.O. BOX 523 City-St-Zip: LAKE CITY, FL 32056 Title: DS () Change (X) Addition
Name: Address: City-St-Zip:	(,,=	Name: PEACOCK, MAGGIE Address: P. O. BOX 1523 City-St-Zip: LAKE CITY, FL 32056
Title: Name: Address: City-St-Zip:	() Delete	Title: DT () Change (X) Addition Name: PEACOCK, CAITLYN Address: P. O. BOX 1523 City-St-Zip: LAKE CITY, FL 32056
Title: Name: Address:	() Delete	Title: DVP () Change (X) Addition Name: PEACOCK, RON Address: P. O. BOX 1523

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.

City-St-Zip: LAKE CITY, FL 32056

SIGNATURE: RON PEACOCK VP 06/27/2005