

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037723

FILED  
May 07, 2006  
Secretary of State

Entity Name: SUWANNEE RIVER COUNTRY JAM, INC.

## Current Principal Place of Business:

206 SOUTH MARION AVENUE  
LAKE CITY, FL 32025

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1523  
LAKE CITY, FL 32056

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEACOCK, RON  
P. O. BOX 1523  
LAKE CITY, FL 32056 US

## Name and Address of New Registered Agent:

PEACOCK, RON  
206 S. MARION STREET  
LAKE CITY, FL 32025 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: RON PEACOCK

05/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PEACOCK, ERIN  
Address: P.O. BOX 523  
City-St-Zip: LAKE CITY, FL 32056

Title: DS ( ) Delete  
Name: PEACOCK, MAGGIE  
Address: P. O. BOX 1523  
City-St-Zip: LAKE CITY, FL 32056

Title: DT ( ) Delete  
Name: PEACOCK, CAITLYN  
Address: P. O. BOX 1523  
City-St-Zip: LAKE CITY, FL 32056

Title: DVP ( ) Delete  
Name: PEACOCK, RON  
Address: P. O. BOX 1523  
City-St-Zip: LAKE CITY, FL 32056

## 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 Chapter 119, 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: RON PEACOCK

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05/07/2006

Electronic Signature of Signing Officer or Director

Date