

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000066208

Entity Name: JJAMS INC.**Current Principal Place of Business:**1280 N PONCE DE LEON BLVD
SUITE B
ST AUGUSTINE, FL 32084**Current Mailing Address:**1448 NW 41ST ROAD
GAINESVILLE, FL 32605 US**FEI Number:** 38-4283864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLASPEY, MYOINGA G
1448 NW 41ST ROAD
GAINESVILLE, FL 32605 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GLASPEY, MYOINGA G
Address	1448 NW 41ST ROAD
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	MEDLEY, ROBERT
Address	1448 NW 41ST ROAD
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	LEE, SHAYNE
Address	2988 MIKRIS DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	HILLER, JUSTIN
Address	1990 WESTEND PLACE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP
Name	FERRI, JEREMY
Address	1119 CALLA GLEN LANE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

I hereby 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 all other like empowered.

SIGNATURE: MYOINGA GLASPEY**PRESIDENT****03/11/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date