2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# 131530

Entity Name: JAMCO, INC.

Current Principal Place of Business:

1615 CLARE AVE
W PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3768
W PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-0370790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, JOHN E
1615 CLARE AVE
WEST PALM BEACH, FL 33401 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:	TSD	( ) Delete
Name:	MARTINELLI, VICTOR	
Address:	12142 MONROE STREET	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VD	( ) Delete
Name:	MURPHY, JOHN E	
Address:	1700 N. LAKESIDE DR	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	PD	( ) Delete
Name:	MURPHY, MARTIN E SR	
Address:	1615 CLARE AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	DAT	( ) Delete
Name:	LETTENMAIER, LISA	
Address:	8689 OLDHAM WAY	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	DVP	( ) Delete
Name:	MURPHY, MARTIN E JR	
Address:	19538 TRAILS END CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	MENDIA, JOSEPH	
Address:	321 CHURCHILL ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405	

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:	
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 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: VICTOR MARTINELLI TSD 02/28/2008

Electronic Signature of Signing Officer or Director Date