

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 589181 1. Entity Name RO-JAM OF BREVARD COUNTY, INC.			
Principal Place of Business C/O JAMES MORGAN 413 LINCOLN AVE. 551 CASA BELLA #201 E CAPE CANAVERAL, FL 32920		Mailing Address C/O JAMES MORGAN 413 LINCOLN AVE. CAPE CANAVERAL, FL 32920	
2. Principal Place of Business - No P.O. Box # 551 CASA BELLA #201 E		3. Mailing Address SAME	
Suite, Apt. #, etc. 201 E		Suite, Apt. #, etc. 11 11	
City & State CAPE CANAVERAL FL		City & State 11 11	
Zip 32920		Country AMERICA	
4. FEI Number 59-1909576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, JAMES E. 413 LINCOLN AVENUE CAPE CANAVERAL, FL 32920		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete WITEK, ROMAN J. 5801 RIDGEWOOD AVE. UNIT #3 COCOA BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500116365405 01/29/08--01038--010 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete MORGAN, JAMES E 413 LINCOLN AVE 551 CASA BELLA #201 E CAPE CANAVERAL, FL 00000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.			
SIGNATURE: 		Date: 1-19-08 321-693-8941	