

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642953

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: JA-MAR TRAVEL PARK, INC.

**Current Principal Place of Business:**

11203 US 19  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

11203 US 19  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 59-1944740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, LOGAN J  
6650 SAN MARCO  
PORT RICHEY, FL 34668      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: PD ( ) Delete  
Name: MILLER, LOGAN J  
Address: 8836 CESSNA DR  
City-St-Zip: NEW PORT RICHEY, FL

Title: SD ( ) Delete  
Name: MILLER, SHARON  
Address: 8836 CESSNA DR  
City-St-Zip: NEW PORT RICHEY, FL

Title: VPD ( ) Delete  
Name: MILLER, CALEB  
Address: 8836 CESSNA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MILLER, CALEB  
Address: 10013 COLDWATER LP.  
City-St-Zip: LAND O LAKES, FL 34638

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: CALEB MILLER

VPD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date