


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 828225
1. Entity Name
JAMAC CORP.



Principal Place of Business: 1665 S OLD US 41, P.O. BOX 728, VINCENNES, IN 47591 US
Mailing Address: 1665 S OLD US 41, P.O. BOX 728, VINCENNES, IN 47591 US

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number: 35-1069927 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REEVES, RICHARD W
100 E. MADISON STREET
SUITE 204
TAMPA, FL 33601

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCORMICK, C JAMES
STREET ADDRESS	2316 GLENBROOK CLOSE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	S
NAME	WISSEL, JANE A
STREET ADDRESS	2289 SOUTH DAYSON DRIVE
CITY-ST-ZIP	VINCENNES, IN 47591
TITLE	VP
NAME	MCCORMICK III, C J
STREET ADDRESS	816 BUNTIN STREET
CITY-ST-ZIP	VINCENNES, IN 47591
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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0328200503282005-828225
04/04/05-80003-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James McCormick 4/1/05 722/937-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #