

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000093330  
 1. Entity Name  
 JAM CONSULTANTS, INC.



Principal Place of Business      Mailing Address  
 110 N. HARRISON ST.      P.O. BOX 738  
 ALEXANDRIA, IN 46001      ALEXANDRIA, IN 46001

**DO NOT WRITE IN THIS SPACE**



03072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 35-1809432      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO VOLMER, LOWELL J 110 N. HARRISON ST. ALEXANDRIA, IN 46001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP MARTIN, JANE A 110 N. HARRISON ST. ALEXANDRIA, IN 46001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHROCK, WESLEY D 110 N. HARRISON ST. ALEXANDRIA, IN 46001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000091869  
 03/18/04-80026-004 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Wesley D Schrock*      3/15/04      7657247931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #