


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90500 044 \*\*\*150.00

<b>DOCUMENT # J43550</b> 1. Entity Name <b>JAM INDUSTRIES, INC.</b>	
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Principal Place of Business <b>2117 W. INDIAN HEAD DRIVE TALLAHASSEE, FL 32301 612 Shady Bridge Road Monticello, FL 32344</b>	Mailing Address <b>2117 W. INDIAN HEAD DRIVE TALLAHASSEE, FL 32301 612 Shady Bridge Road Monticello, FL 32344</b>
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**54039907**




03012004 No Chg-P CR2E034 (10/03)

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4. FEI Number <b>59-2738840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>DOOLEY, JAMES K. <del>2117 W. INDIAN HEAD DRIVE</del> <del>TALLAHASSEE, FL 32301</del> 612 Shady Bridge Road Monticello, FL 32344</b>
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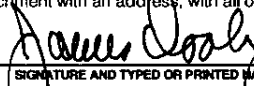
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
SIGNATURE: <b>James Dooley</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	 <b>April 22, 2004</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOOLEY, JAMES K. 2117 W. INDIAN HEAD DR. 612 Shady Bridge Road TALLAHASSEE, FL Monticello, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOOLEY, MARTHA B. 2117 W. INDIAN HEAD DR. 612 Shady Bridge Road TALLAHASSEE, FL Monticello, FL 32344
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<b>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.</b>	
SIGNATURE:  <b>JAMES DOOLEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>April 22, 2004</b> <b>850-877-1314</b> <small>Date Daytime Phone #</small>