


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J56910 1. Entity Name JOSAM COMPANY	
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Principal Place of Business % C T CORPORATION SYSTEM 374 A TEQUESTA DRIVE TEQUESTA, FL 33469	Mailing Address % C T CORPORATION SYSTEM 374 A TEQUESTA DRIVE TEQUESTA, FL 33469
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1699533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLOWAY, CASWELL F. JR. 374 A TEQUESTA DRIVE TEQUESTA, FL 33469
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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	CHRM HOLLOWAY, CASWELL F., JR. 18465 SE VILLAGE CIRCLE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLOWAY, MARIE B., JR. 18465 SE VILLAGE CIRCLE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOLLOWAY, B. SCOTT 18465 SE VILLAGE CIRCLE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOWAY, STEPHEN J 18465 SE VILLAGE CIRCLE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS O'NEILL, JEANNE H 18465 SE VILLAGE CIRCLE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT DUDLEY, BERNADETTE H 1845 SE VILLAGE CIRCLE JUPITER, FL

1100000412848
02/10/06-80064-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

Date Daytime Phone #