


PM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K41483

1. Entity Name
JERAM, INC.



Principal Place of Business % C N PATEL 4723 HIGHLAND PLACE DRIVE LAKELAND, FL 33813	Mailing Address % C N PATEL 4723 HIGHLAND PLACE DRIVE LAKELAND, FL 33813
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2911763	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATEL, C N
4723 HIGHLAND PLACE DRIVE
LAKELAND FL, FL 32813

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP PATEL, C.N. 4723 HIGHLAND PLACE DR LAKELAND FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, S.C. 4723 HIGHLAND PLACE DR LAKELAND FL,
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DO NOT WRITE IN THIS SPACE

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04/13/05-80023-001 150.00

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: C.N. Patel Date: 4/10/2005

SIGNATURE AND FEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #