


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90318 035 ***150.00

DOCUMENT # K41483

1. Entity Name
JERAM, INC.



Principal Place of Business Mailing Address

% C N PATEL % C N PATEL
4723 HIGHLAND PLACE DRIVE 4723 HIGHLAND PLACE DRIVE
LAKELAND FL 33813 LAKELAND FL 33813



2. Principal Place of Business 3. Mailing Address

730 HAMILTON PLACE DR. **730 HAMILTON PLACE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

LAKELAND FL **LAKELAND FL**

4. FEI Number Applied For

59-2911763 Not Applicable

Zip Country Zip Country

33813 **USA** **33813** **USA**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATEL, C N 4723 HIGHLAND PLACE DRIVE 730 HAMILTON PLACE DRIVE LAKELAND FL FL 32813		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

B. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, C.N. 4723 HIGHLAND PLACE DR 730 HAMILTON PLACE DRIVE LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *C N Patel* 15th March 2006 863 647 3368

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