


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K50950**  
 1. Entity Name  
**JAM'S OF BOCA GRANDE, INC.**



Principal Place of Business PO BOX 1282 4TH STREET & PARK AVENUE BOCA GRANDE, FL 33921	Mailing Address PO BOX 1282 4TH STREET & PARK AVENUE BOCA GRANDE, FL 33921
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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0090509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORCORAN, RAYMOND A.  
 E. RAILROAD AVE % FIFTH STREET  
 BOCA GRANDE, FL 33921

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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)

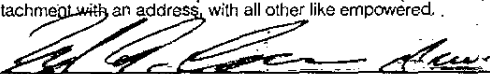
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORCORAN, RAYMOND A. PO BOX 1310 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CORCORAN, ANN ILIENE PO BOX 1310 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80026-009 150.00

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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:  Date: 2/24/05 Daytime Phone #: (813) 941-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR