


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90128 046 \*\*\*150.00

**DOCUMENT # K88681**  
 1. Entity Name  
**JAMI LYNN, INC.**



Principal Place of Business  
 21054 ST PETER DR  
 FT. MYERS BEACH, FL 33931

Mailing Address  
 21054 ST PETERS DR  
 FT. MYERS BEACH, FL 33931 US

**94084055**



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0125497 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 RASH, ELIZABETH A  
 21054 ST PETERS DR  
 FT MYERS BEACH, FL 33931

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GRIDLEY, DOROTHY
STREET ADDRESS	15490 COPRA LN
CITY-ST-ZIP	FT MYERS, FL
TITLE	P
NAME	ELIZABETH A. RASH
STREET ADDRESS	21054 ST PETERS DR
CITY-ST-ZIP	FT. MYERS BEACH, FL
TITLE	V
NAME	LEE, BLANCHE
STREET ADDRESS	892 BUTTONWOOD
CITY-ST-ZIP	FT MYERS BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Dorothy Gridley **DOROTHY GRIDLEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/04 Daytime Phone #: 239-466-4198

7002 2410 0006 5950 4779