

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93076

FILED
Mar 16, 2005
Secretary of State

Entity Name: JAMIE ENTERPRISES, INC.

Current Principal Place of Business:

4600 SE 40TH CT
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

4600 SE 40TH CT
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-2952889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOELLENTINE, JAMES
4600 SE 40TH CT
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MOELLENTINE, JAMES,
Address: 4600 SE 40TH CT
City-St-Zip: Ocala, FL

Title: VSD () Delete
Name: MOELLENTINE, SHIRLEY,
Address: 4600 SE 40TH CT
City-St-Zip: Ocala, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MOELLENTINE, JAMES,
Address: 4600 SE 40TH CT
City-St-Zip: Ocala, FL 34480

Title: VSD (X) Change () Addition
Name: MOELLENTINE, SHIRLEY,
Address: 4600 SE 40TH CT
City-St-Zip: Ocala, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY L. MOELLENTINE

VSD

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date