

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 028 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K97234 1. Entity Name CEJAM, INC.	
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Principal Place of Business 3310 BOWERS LANE JACKSONVILLE, FL 32257	Mailing Address 3310 BOWERS LANE JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MYERS, Edward 3310 BOWERS LANE JACKSONVILLE, FL 32257	DO NOT WRITE IN THIS SPACE
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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 Edward Myers DATE 3/1/04

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when filing this statement.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Edward Myers, President 3310 BOWERS LANE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V- President Scott Anderson 4147 Forest Blvd Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Sec. Richard Bergstrom 3866 Eunice Rd Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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, without other like empowered.

SIGNATURE: Edward Myers DATE 3/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

94025673



03012004 No Chg-P CR2E034 (10/03)

4. FSI Number 59-2949136	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required