2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L19887

1. Entity Name
JAMESON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% MARK D JAMESON 4508 CROTON NEW PORT RICHEY, FL 34652	P. O. BOX 1452 ELFERS, FL 34680 US

03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2975270
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAMESON, MARK D.
4508 CROTON DRIVE
NEW PORT RICHEY, FL 34652

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JAMESON, BRYAN K.
STREET ADDRESS	4508 CROTON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	S
NAME	JAMESON, GERALDINE C.
STREET ADDRESS	4640 GAZEBO CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	P
NAME	JAMESON, MARK D.
STREET ADDRESS	4508 CROTON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL
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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04/18/06-80034-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ President 3/20/2006 727-846-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #