

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State



DOCUMENT # L85632
 1. Entity Name
JAMAC CRYSTAL RIVER, INC.

Principal Place of Business: **253 SE US 19 CRYSTAL RIVER FL 32629**
 Mailing Address: **253 SE US 19 CRYSTAL RIVER FL 32629**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3021389** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
MICHAELS, THOMAS O.
1370 PINEHURST RD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____

1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	MCMULLEN, JOHN L		NAME				
STREET ADDRESS	303 EAST LEIGH DR.		STREET ADDRESS				
CITY- ST- ZIP	BELLEAIR FL		CITY- ST- ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	FARRIOR, JAMES T.		NAME				
STREET ADDRESS	11930 W. CREEKSIDE LN		STREET ADDRESS				
CITY- ST- ZIP	HOMOSASSA FL		CITY- ST- ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	FARRIOR, ANNE M.		NAME				
STREET ADDRESS	11930 W. CREEKSIDE LN		STREET ADDRESS				
CITY- ST- ZIP	HOMOSASSA FL		CITY- ST- ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	MCMULLEN, THOMAS W.		NAME				
STREET ADDRESS	624 SNUG ISLAND		STREET ADDRESS				
CITY- ST- ZIP	CLEARWATER FL		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

00000434205
 02/24/06 80045-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JIM FARRIOR** 2.13.06 352 565 132