

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3021389**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
MCMULLEN, JOHN L.
303 EAST LEIGH DR.
BELLEAIR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
FARRIOR, JAMES T.
11930 W. CREEKSIDE LN
HOMOSASSA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
FARRIOR, ANNE M.
11930 W. CREEKSIDE LN
HOMOSASSA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
MCMULLEN, THOMAS W.
624 SNUG ISLAND
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

JAMES T. FARRIOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.07

Date

352 568 1322

Daytime Phone #