


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M26882</b> 1. Entity Name <b>JAMMCO MANAGEMENT, INC.</b>		
Principal Place of Business <b>C/O MAUREEN M. ESPOSITO 2870 N.W. 112TH AVENUE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>C/O MAUREEN M. ESPOSITO 2870 N.W. 112TH AVENUE CORAL SPRINGS, FL 33065</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ESPOSITO, ANTHONY 2870 N.W. 112TH AVENUE CORAL SPRINGS, FL 33065</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESPOSITO, ANTHONY T. 2870 NW 112TH AVE CORAL SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, MAUREEN M. 2870 NW 112TH AVE CORAL SPRINGS, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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, with all other like empowered.		
<b>SIGNATURE:</b> <i>Anthony Esposito Pres</i>		<b>2/26/05 504-782-0915</b> Date Daytime Phone #



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2630286**

Applied For
Not Applicable

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

1100000244573  
02/26/05-80026-007 150.00