2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000083948

1. Entity Name
JAMEKA INDUSTRIES, INC.

FILED
05 JUL 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06282005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1035 BAY RD. MOUNT DORA, FL 32757	1035 BAY RD. MOUNT DORA, FL 32757

2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3675449
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAGGETT, PATRICIA J 1035 BAY RD. MOUNT DORA, FL 32757	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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGGETT, PATRICIA J 1035 BAY RD. MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAGGETT, THOMAS G 1035 BAY RD MOUNT DORA, FL 32757 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100057719841 07/20/05--01055--017 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Baggett 7-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date