


**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

02-21-2005 90079 014 \*\*\*150.00

**DOCUMENT # P00000096054**  
 1. Entity Name  
**JAMCO INVESTMENTS, INCORPORATED**



Principal Place of Business      Mailing Address  
 11211 PROSPERITY FARMS RD., STE. D-223      202 NATCHEZ TRACE  
 PALM BEACH GARDENS, FL 33410      WEST PALM BEACH, FL 33411

**66006024**



**DO NOT WRITE IN THIS SPACE**

01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3678479**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**UPLDGER, JOHN M**  
**11211 PROSPERITY FARMS RD D-223**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE IN THIS SPACE**

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: Walter W. Elbers      Walter W. Elbers      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when renewing)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	UPLDGER, JOHN M
STREET ADDRESS	11211 PROSPERITY FARM RD STE D-325
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD
NAME	ELBERS, WALTER W
STREET ADDRESS	202 NATCHEZ TRACE AVE.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #