

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000014308

1. Entity Name  
JBAM, INC.



**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
325 N. COVE BLVD  
PANAMA CITY, FL 32401

Mailing Address  
P.O BOX 417  
LYNN HAVEN, FL 32444



05132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3698516

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CUTCHIN, JAMES A  
325 N. COVE BLVD  
PANAMA CITY, FL 32401

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CUTCHIN, JAMES A  
STREET ADDRESS 3000 SOUTH HWY 77 #215  
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE  
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U000000959417  
09/10/08-80004-001 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/02/08 435-659-8770  
Date Daytime Phone #