

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000039578

1. Entity Name
JAM CARPET INSTALLATIONS, INC.



Principal Place of Business
14100 EAST TAMiami TRAIL
UNIT 407
NAPLES, FL 34114

Mailing Address

1422 WAYNE AVE
MARCO ISLAND, FL 34145

2. Principal Place of Business

1422 Wayne Ave
Suite, Apt. #, etc.
1422

3. Mailing Address

1422 Wayne Ave

Suite, Apt. #, etc.

City & State

Marco Island FL

City & State

Marco Island, FL

Zip

34145

Country

US

Zip

34145

Country

US

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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, 2005 Fee will be \$550.00**

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

PSTD
MARTIN, JAMES A
1422 WAYNE AVE
MARCO ISLAND, FL 34145

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Daytime Phone #

**FILED
Feb 11, 2005 8:00 am
Secretary of State**

02-11-2005 90039 034 ***150.00

40017263



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3713946

Applied For
Not Applicable

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