

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114124

1. Entity Name  
JAMA SERVICES, INC.



FILED  
04 APR 12 PM 4:19

TALLAHASSEE, FLORIDA

Principal Place of Business  
2032 ERMINE DR.  
TALLAHASSEE, FL 32308

Mailing Address  
2032 ERMINE DR.  
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address



04122004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3759660

Applied For  
Not Applicable

Zip Country

Zip Country

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

MENEFIELD, MARY  
2032 ERMINE DR.  
TALLAHASSEE, FL 32308

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, 2004 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 DP ☐ Delete  
NAME MENEFIELD, MARY  
STREET ADDRESS 2032 ERMINE DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME 400033722204  
STREET ADDRESS 04/23/04--01022--015 \*\*8.75  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME WILSON, JEREME  
STREET ADDRESS 2032 ERMINE DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME 400033722204  
STREET ADDRESS 04/23/04--01022--016 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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)(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: *Mary Menefield* Mary Menefield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 850-942-1949  
Date Daytime Phone #

Ta