2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005
Secretary of State

DOCUMENT# P02000037723

Entity Name: SUWANNEE RIVER COUNTRY JAM, INC.

Current Principal Place of Business:

204 SOUTH MARION AVENUE
LAKE CITY, FL 32025

New Principal Place of Business:

206 SOUTH MARION AVENUE
LAKE CITY, FL 32025

Current Mailing Address:

P. O. BOX 1523
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEACOCK, RON
RT. 13, BOX 318
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

PEACOCK, RON
P. O. BOX 1523
LAKE CITY, FL 32056 US

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.

SIGNATURE: 06/27/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEACOCK, RONALD H
Address: P.O. BOX 523
City-St-Zip: LAKE CITY, FL 32056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PEACOCK, ERIN
Address: P.O. BOX 523
City-St-Zip: LAKE CITY, FL 32056

Title: DS ( ) Change (X) Addition
Name: PEACOCK, MAGGIE
Address: P. O. BOX 1523
City-St-Zip: LAKE CITY, FL 32056

Title: DT ( ) Change (X) Addition
Name: PEACOCK, CAITLYN
Address: P. O. BOX 1523
City-St-Zip: LAKE CITY, FL 32056

Title: DVP ( ) Change (X) Addition
Name: PEACOCK, RON
Address: P. O. BOX 1523
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON PEACOCK VP 06/27/2005
Electronic Signature of Signing Officer or Director Date