

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037723

FILED
Jul 16, 2007
Secretary of State

Entity Name: SUWANNEE RIVER COUNTRY JAM, INC.

Current Principal Place of Business:

206 SOUTH MARION AVENUE
LAKE CITY, FL 32025

New Principal Place of Business:

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
206 S. MARION STREET
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

07/16/2007

Electronic Signature of Signing Officer or Director

Date