## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000037723

City-St-Zip: LAKE CITY, FL 32056

Entity Name: SUWANNEE RIVER COUNTRY JAM. INC

FILED Jul 08, 2008 Secretary of State

Entity Na	me: SUWANNEE RIVER COUNTRY J	AM, INC.	
Current Principal Place of Business:		New Principal Place of Business:	
	TH MARION AVENUE Y, FL 32025	9406 W US HWY 90 LAKE CITY, FL 32055 New Mailing Address:	
Current N	MARION AVENUE FL 32025  ling Address: 623 FL 32056  FEI Number Applied For ( )  ddress of Current Registered Agent: RON DN STREET FL 32025 US  amed entity submits this statement for the p f Florida.  Electronic Signature of Registered Age with s. 607.193(2)(b), F.S., the corporation did not aign Financing Trust Fund Contribution ( ).  AND DIRECTORS: DP ( ) Delete DEACOCK, ERIN P.O. BOX 523 AKE CITY, FL 32056 DS ( ) Delete DEACOCK, MAGGIE P.O. BOX 1523 AKE CITY, FL 32056 DT ( ) Delete		
P. O. BOX LAKE CIT	. 1523 Y, FL 32056		
FEI Number	: FEI Number Applied For (	) FEI Number Not Applicable (X) Certificate of Status Desired ( )	
Name and	l Address of Current Registered Age	nt: Name and Address of New Registered Agent:	
	RION STREET	PEACOCK, RON 9406 W US HWY 90 LAKE CITY, FL 32055 US	
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registered agent, or bo	
SIGNATURE:		07/08/2008	
	Electronic Signature of Registere	ed Agent Date	
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
Title: Name: Address: City-St-Zip:	DP ( ) Delete PEACOCK, ERIN P.O. BOX 523 LAKE CITY, FL 32056	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	DS ( ) Delete PEACOCK, MAGGIE P. O. BOX 1523 LAKE CITY, FL 32056	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	DT () Delete PEACOCK, CAITLYN P. O. BOX 1523 LAKE CITY, FL 32056	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address:	DVP () Delete PEACOCK, RON P. O. BOX 1523	Title: ( ) Change ( ) Addition Name: Address:	

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.

City-St-Zip:

SIGNATURE: RONALD PEACOCK DVP 07/08/2008