## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000050630					FILED				
1. Entity Name LE J.A.M.S, INC.					FILLU				
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				WE TO		04, 100		`E	
Principal Place of Business 217 SPRING STREET SCOTTS PLAZA		P 0 BOX 813	Mailing Address			SECRETA	RY OF STAT	174	
JAY, FL 32565		JAY, FL 32565			TALLATE	271 LEAN	WP.		
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Principal Place of Business     Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number		Applied For		
Zip Country		- Zio	Zip Country		52-2371617		Not Applicable S8.75 Additional		
	Country	210	Country		5. Certificate	of Status Desired		Additional equired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
DUDLEY, MARY				Name Jeanette D. Hunter					
4211 HWY 4 EAST			s	Street Address (P.O. Box Number is Not Acceptable)					
JAY, FL 32565				4358 Marvin Reaves Rd.					
				City Zin Code on S. C.					
Jay  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 divegistered agent.									
SIGNATURE SANETTE D. Wante Jeanette D. Hunter 2/11/04									
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	CTORS IN 11	
TITLE P		☐ Delete	TITLE				Ct	ange 🔲 Addition	
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	/, FL 32565		CITY-ST-						
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	/, FL 32565								
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STREET ADDRESS	<i>i</i>		STREET AD						
CITY-ST-ZIP	that the informationlied	th this filling does not available for the	CITY-ST-2		ction 110 07/3\/	) Florida Statutas	further certify the	the information	
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: Manuta de Hunto Jeanette D. Hunter 2/11/04									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									