

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 019 ***155.00

DOCUMENT # P02000094990

1. Entity Name

CAM JAM TRUCKING, INC.



Principal Place of Business

**1605 WESTERLY DRIVE
BRANDON FL 33511**

Mailing Address

**10213 ALLENWOOD DRIVE
RIVERVIEW FL 33569**

54001133



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-3090596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILL, JR., THOMAS P
137 SOUTH PARSONS AVENUE
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **Melvin F. MacNeel JR.**
Street Address (P.O. Box Number is Not Acceptable)
10213 Allenwood Dr.
City **Riverview FL** Zip Code **33569**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
MACNEEL, BRIAN L
STREET ADDRESS **1971 LUMSDEN ROAD, BOX 173**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME **D**
MACNEEL, JR., MELVEN F
STREET ADDRESS **1971 LUMSDEN ROAD, BOX 173**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D**
MACNEEL, BRIAN L
STREET ADDRESS **10213 Allenwood Dr.**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ Change ☐ Addition
NAME **D**
MACNEEL JR, Melvin F
STREET ADDRESS **10213 Allenwood Dr**
CITY-ST-ZIP **Riverview, FL 33569**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Melvin F. MacNeel Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #