

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90030 027 \*\*\*150.00

**DOCUMENT # P03000003450**

1. Entity Name

JACOMAX, INC.



Principal Place of Business

9002 MAHAN DRIVE  
TALLAHASSEE FL 32309

Mailing Address

9002 MAHAN DRIVE  
TALLAHASSEE FL 32309

2. Principal Place of Business

9002 MAHAN DR

Suite, Apt. #, etc.

3. Mailing Address

9002 MAHAN DR

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TALLAHASSEE, FL

Zip 32309

Country USA

City & State

TALLAHASSEE, FL

Zip 32309

Country USA

4. FEI Number

65-1166917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, BRIAN  
7845 PARLIAMENT COURT  
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name BRIAN MAXWELL

Street Address (P.O. Box Number is Not Acceptable)

29 JANE + DRIVE

City CRAWFORDVILLE

FL

Zip Code 32327

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 P  
NAME MAXWELL, LAURIE  
STREET ADDRESS 7845 PARLIAMENT COURT  
CITY-ST-ZIP TALLAHASSEE FL 32309 ☐ Delete

TITLE V  
NAME MAXWELL, BRIAN T  
STREET ADDRESS 7845 PARLIAMENT COURT  
CITY-ST-ZIP TALLAHASSEE FL 32309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Brian Maxwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-04 850-877-1452