

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 025 ***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

40087764

2. Principal Place of Business

3. Mailing Address

9002 Mahan Dr
Suite, Apt. #, etc.
Tallahassee, FL

9002 Mahan Dr
Suite, Apt. #, etc.
Tallahassee, FL

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32309

Zip
32309

Country
Leon

Country
Leon

05202005 Chg-P CR2E034 (10/03)

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
29 JANET DRIVE
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
Maxwell, Brian

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

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MAXWELL, BRIAN T
7845 PARLIAMENT COURT
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
P
Laurie Maxwell
47 Janet Dr
Crawfordville, FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BRIAN T. Maxwell
47 Janet Dr
Crawfordville, FL 32327 ☒ 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
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:

Laurie Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #