

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90012 046 ***550.00

DOCUMENT # P03000009056

1. Entity Name

JAM OF BREVARD, INC.



Principal Place of Business

700 WAVECREST AVENUE
UNIT 105
INDIALANTIC FL 32903

Mailing Address

700 WAVECREST AVENUE
UNIT 105
INDIALANTIC FL 32903

2. Principal Place of Business

700 Wavecrest Avenue

Suite, Apt. #, etc.

Unit 105

City & State

Indialantic, FL

Zip

32903

Country

Brevard

3. Mailing Address

700 Wqavecrest Avenue

Suite, Apt. #, etc.

Unit 105

City & State

Indialantic, FL

Zip

32903

Country

Brevard



MOORE

CR2E034 (4/04)

4. FEI Number

72-1556345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WZIONKA, JANYCE
700 WAVECREST AVENUE
UNIT 105
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name
Michael Marra

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

Unit 105

City

Indialantic

FL

Zip Code

32903

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 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete
NAME WZIONKA, JANYCE
STREET ADDRESS 700 WAVECREST AVENUE UNIT 105
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ Delete
NAME WZIONKA, JANYCE
STREET ADDRESS 700 WAVECREST AVENUE UNIT 105
CITY-ST-ZIP INDIALANTIC FL 32903

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 President ☐ Change ☒ Addition
NAME Michael Marra
STREET ADDRESS 700 Wavecrest Avenue Unit 105
CITY-ST-ZIP Indialantic, FL 32903

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #