

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-29-2004 90239 006 ***150.00

DOCUMENT # P03000094106

1. Entity Name
JAM ENVIRONMENTAL SERVICES & CONSULTING, INC.



Principal Place of Business
**13970 SE 47TH ST RD
OCKLAWAHA, FL 32179**

Mailing Address
**13970 SE 47TH ST RD
OCKLAWAHA, FL 32179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0518330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCULLY, BRIAN S
13970 SE 47TH ST RD
OCKLAWAHA, FL 32179**

Name

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

City

FL

Zip Code

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 of Agent (or person authorized to register agent) and address of applicant

(NOTE: Registered Agent Signature not used when removing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCCULLY, BRIAN S
13970 SE 47TH ST RD
OCKLAWAHA, FL 32179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Anne P. Mador
56 Cedar Circle
Aventura Beach FL 33186**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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

Brian S. McCully

4/22/04

Costs

Debiting Amount

5617624227