

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90019 003 ***150.00

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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**

00032998

2. Principal Place of Business
2701 NE 53rd Court

3. Mailing Address
2701 NE 53rd Court



03292005 Chg-P CR2E034 (10/03)

City & State
Highland Point
Zip
33064 Country
USA

City & State
Highland Point
Zip
33064 Country
USA

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

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

7. Name and Address of New Registered Agent

Name
Brian S. McCully
Street Address (P.O. Box Number is Not Acceptable)
2701 NE 53rd Court
City
Highland Point FL Zip Code
33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MEADOR, ANNE P
56 CEDAR CRICLE
BOYNTON BEACH, FL 33436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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
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CITY-ST-ZIP
☐ Change ☐ Addition

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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(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

3/29/05 **501 762**
4227
Date Daytime Phone #