## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

4/2:

**FILED** May 24, 2004 8:00 am Secretary of State

**DOCUMENT # P03000099516** 04-23-2004 90261 038 \*\*\*150.00 1. Entity Name JAM UP, INC. Principal Place of Business Mailing Address 66423805 3974 TAMPA RD 3974 TAMPA RD SUITE A OLDSMAR, FL 34677 SUITE A OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04142004 CR2E034 (10/03) Applied For City & State City & State 20-110642 Not Applicable Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUTCHINS, BRTAN A Street Address (P.O. Box Number is Not Acceptable) 3974 TAMPA RD SUITE A OLDSMAR, FL. 34677 City 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, typed or printed name of registered agent and title 2 applicable. DATE (NOTE: Pecistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fe 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition IIILE Delete TITLE BLOOM, HERB NAME NAME 3974 TAMPA RD SUITE A STREET ADDRESS STREET ADORESS OLDSMAR, FL. 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILLE ☐ Delete ΠDE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ... CITY-ST-ZP Channe Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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.