

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 049 ***158.75

DOCUMENT # P04000104377

1. Entity Name
AMERIJAM DEVELOPMENT AND INVESTMENTS, INC.



Principal Place of Business
2630 N UNIVERSITY DR
SUNRISE, FL 33322

Mailing Address
2630 N UNIVERSITY DR
SUNRISE, FL 33322

00040602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1377474

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPBELL, DEBON
2630 N UNIVERSITY DR
SUNRISE, FL 33322

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, typed or printed name of registered agent and title if applicable.

(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	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, DEBON	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, BARBARA	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, FRANKLIN	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOMBS, BASIL	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, ROSE	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, NORMAN	
STREET ADDRESS	2630 N UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE, FL 33322	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER A. CAMPBELL	
STREET ADDRESS	2117 SW 151 AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER A. CAMPBELL	
STREET ADDRESS	2117 SW 151 AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 to an address, with all other like empowered.

SIGNATURE: Debon Campbell 04/15/2005 954-7484700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #