


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90001 024 \*\*\*158.75

<b>DOCUMENT # P04000107339</b>		
1. Entity Name <b>JEAMAR INC.</b>		

Principal Place of Business <b>4902 RIVER PLACE FORT PIERCE, FL 34982</b>	Mailing Address <b>4902 RIVER PLACE FORT PIERCE, FL 34982</b>
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2. Principal Place of Business <b>4902 River Pl.</b>	3. Mailing Address <b>PO Box 13294</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. Pierce, Fla.</b>	City & State <b>Fort Pierce, FLA.</b>
Zip <b>34982</b>	Zip <b>349793294</b>
Country <b>USA</b>	Country <b>USA</b>



07262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>36-4557847</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>CLOE, PEGGY</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>4902 RIVER PLACE</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>FORT PEIRCE, FL 34982</b>		City	
Zip Code <b>FL</b>		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLOE, PEGGY</b>		NAME	
STREET ADDRESS <b>4902 RIVER PLACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: 	Date <b>8-23-06</b>	Daytime Phone # <b>772-940 2222</b>
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