2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P05000048181

Entity Name: JBAM ENTERPRISES, INC.

Current Principal Place of Business:

3463 HURLBUT CIRCLE
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

3463 HURLBUT CIRCLE
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 20-2552952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYTE, WILLIAM JR.
3463 HURLBUT CIRCLE
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOYTE, WILLIAM JR.
Address: 3463 HURLBUT CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: VD ( ) Delete
Name: MOSES, TOMMY G II
Address: 820 TARTAN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: SD ( ) Delete
Name: ARNOLD, CLIFFORD K
Address: 75 STEPHENSON AVENUE
City-St-Zip: BABSON PARK, FL 33827

Title: TD ( ) Delete
Name: JACOBS, WILLIAM M
Address: 220 CATHERINE AVENUE
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B BOYTE PD 02/13/2009

Electronic Signature of Signing Officer or Director — Date