

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 012 ***150.00

DOCUMENT # P06000046043

1. Entity Name
JAM TRUST INC #2



Principal Place of Business
**11019 MILL CREEK WAY, APT. 907
FT. MYERS, FL 33913-6693**

Mailing Address
**11019 MILL CREEK WAY, APT. 907
FT. MYERS, FL 33913-6693**

2. Principal Place of Business - No P.O. Box #
5558 Palm Beach Blvd

3. Mailing Address
5558 Palm Beach Blvd

Suite, Apt. #, etc.

Apt 301

Suite, Apt. #, etc.

Lot 301

City & State

Fort Myers FL

City & State

Ft Myers FL

Zip

33905

Country

LCC

Zip

33905

Country

Lee

03022007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4539354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCREAVY, JERRY M
11019 MILL CREEK WAY, APT. 907
FT. MYERS, FL 33913-6693**

7. Name and Address of New Registered Agent

Name

MCREAVY JERRY A

Street Address (P.O. Box Number is Not Acceptable)

5558 Palm Beach Blvd Apt 301

City

Fort Myers

FL

Zip Code

33905

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

Jerry A McReavy

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

Jerry A McReavy

(NOTE: Registered Agent signature required when resigning)

4/19/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCREAVY, JERRY**
STREET ADDRESS **11019 MILL CREEK WAY, APT. 907**
CITY-ST-ZIP **FT, MYERS, FL 339136693**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Change ☐ Addition
NAME **JERRY MCREAVY**
STREET ADDRESS **5558 Palm Beach Blvd Apt 301**
CITY-ST-ZIP **Fort Myers FL 33905**

TITLE **Sec Treas** ☐ Change ☐ Addition
NAME **JATHAN MCREAVY**
STREET ADDRESS **5558 PALM BEACH BLVD Apt 301**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **Vice Pres** ☐ Change ☐ Addition
NAME **AUDREY MCREAVY**
STREET ADDRESS **5558 PALM BEACH BLVD Apt 301**
CITY-ST-ZIP **Fort Myers FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jerry A McReavy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry A McReavy

DATE

Daytime Phone #