

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90043 024 \*\*\*150.00

**DOCUMENT # P06000048355**

1. Entity Name  
**JJAMM ENTERPRISES, INC.**



Principal Place of Business  
**4618 SE 20TH AVENUE  
CAPE CORAL, FL 33904 US**

Mailing Address  
**4618 SE 20TH AVENUE  
CAPE CORAL, FL 33904 US**

**60033353**



2. Principal Place of Business - No P.O. Box #  
**12573 GEMSTONE COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**12573 GEMSTONE COURT**  
Suite, Apt. #, etc.

03282007 Chg-P CR2E034 (12/06)

City & State  
**FORT MYERS, FL**  
Zip **33913** Country **LEE**

City & State  
**FORT MYERS, FL**  
Zip **33913** Country **LEE**

4. FEI Number **20-4735464** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, MATTHEW  
4618 SE 20TH AVENUE  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12573 GEMSTONE COURT**  
City **FORT MYERS** **FL** Zip Code **33913**

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 **MATTHEW MITCHELL**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MITCHELL, MATTHEW**  
STREET ADDRESS **4618 SE 20TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12573 GEMSTONE COURT**  
CITY-ST-ZIP **FORT MYERS, FL - 33913**

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

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: **Matthew Mitchell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/07**  
Date

Daytime Phone #