

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90125 011 ***150.00

DOCUMENT # P06000061410 1. Entity Name JAAM ENGINEERING, INC.					
Principal Place of Business 14950 E WATERFORD DR. DAVIE, FL 33331 US			Mailing Address 14950 E WATERFORD DR. DAVIE, FL 33331 US		
2. Principal Place of Business - No. P.O. Box # 14375 SW 8th Ave.		3. Mailing Address P.O. Box 772695			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 20-4796266	
Zip 34473		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANG, ROBERT 14950 E WATERFORD DR. DAVIE, FL 33331		7. Name and Address of New Registered Agent Name Lang, Robert Street Address (P.O. Box Number is Not Acceptable) 14375 SW 8th Ave. City Ocala FL 34473			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D LANG, ROBERT 14950 E WATERFORD DR. DAVIE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT D LANG, LILLIAN 14950 E WATERFORD DR. DAVIE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Lillian A. Lang</u> Lillian A. Lang 7/10/07 954-234-6523 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					