## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 07, 2007 8:00 am Secretary of State DOCUMENT # P06000128332 06-07-2007 90003 021 \*\*\*150 00 JAMMIN' SALMON, INC. Principal Place of Business Mailing Address 1382 SPANISH NEEDLE CT 1382 SPANISH NEEDLE CT ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1932 Captiva Drive 1932 Captiva Drive Suite, Apt. #, etc. 05142007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Middleburg, FL Middleburg, FL 20-5677716 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32068 32068 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORTH, STEPHEN T 1382 SPANISH NEEDLE CT Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK, FL 32073 City 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 StephenT. North <u>05.31.2007</u> 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OP ☐ Delete **⊠** Change ☐ Addition TITLE NORTH, STEPHEN T North, Stephen T. 1932 Captiva Drive 1382 SPANISH NEEDLE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP Middleburg, FL 32068 TITLE ☐ Delete Change Addition North, Donna U. 1932 Captive Prive NORTH, DONNA J NAME NAME STREET ADDRESS 1382 SPANISH NEEDLE CT STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP Middleburg, FL 32068 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TFILE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change 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.

STEPHEN T. North
SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

(904)215.4910

Ø5.31.2007