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

JRE AND TYPED ON HRIMTTE

INTED NAME OF SIGNING OFFICER OR DIRECTOR

WKI

SIGNATURE:

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P06000142049 04-02-2007 90057 032 \*\*\*158.75 JAMBCO ENTERPRISES, INC. Mailing Address Principal Place of Business 1716 ROBERTS LANDING ROAD 1716 ROBERTS LANDING ROAD WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5972532 Not Applicable Zip .Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGNEW, JAMES MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1716 ROBERTS LANDING ROAD WINDERMERE, FL 34786 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition ALNEW JAMES MICHAEL AGNEW, JAMES MICHAEL NAME NAME 1716 ROBERTS LANDING ROAD 1716 ROBERTS LANDING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP WINDERMERE FL 34786 V/D/S ☐ Change Addition TITLE ☐ Delete TITLE AGNEW MARY ETLEEN 1716 ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-7IP WINDERMERE FL 34786 ☐ Delete ☐ Change Addition TITLE TITLE AGNEW, JAMES MICHAEL, JR NAME NAME 1726 ALOMA AVE 32789 STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-\$T-ZIP TITLE ☐ Delete THIE ☐ Change Addition AGNEW BRIAN PAUL NAME NAME 4004 MAGUIRE BLVD, #6310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE AGNEW KATHLEEN MARY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TAMES M. AGNEW 4/1/07

FILED