

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024540

Entity Name: JAMMIN JAVA & MORE, INC.

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

10926 BATAVIA DRIVE  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

10926 BATAVIA DRIVE  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 26-2139486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYPES, TAMMY  
11338 SKIMMER COURT  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

HYPES, TAMMY  
1489 SOARING FLIGHT WAY  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: TAMMY HYPES

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KONDOS, WENDY S  
Address: 10926 BATAVIA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: HYPES, TAMMY  
Address: 11338 SKIMMER COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC ( ) Delete  
Name: HYPES, TAMMY  
Address: 11338 SKIMMER COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TR ( ) Delete  
Name: KONDOS, WENDY S  
Address: 10926 BATAVIA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HYPES, TAMMY  
Address: 1489 SOARING FLIGHT WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC (X) Change ( ) Addition  
Name: HYPES, TAMMY  
Address: 1489 SOARING FLIGHT WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY S. KONDOS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date