



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000008213			
1. Entity Name J.F.M.A.M. ENTERPRISES, INC.			
Principal Place of Business 1404 VISCAYA PKWY CAPE CORAL, FL 33990 US		Mailing Address 1417 DEL PRADO BLVD STE 120 CAPE CORAL, FL 33990 US	
DO NOT WRITE IN THIS SPACE			
		03222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0389907	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINER, JOHN F 1404 VISCAYA PKWY CAPE CORAL, FL 33990		DO NOT WRITE IN THIS SPACE	
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)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000144973 05/03/04 000005 000 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MINER, JOHN F 1417 DEL PRADO BLVD., #120 CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MINER, MARGLYN A 1417 DEL PRADO BLVD., #120 CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Marglyn A. Miner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/1/04</u>	Daytime Phone # <u>239-995-4975</u>