

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096218

FILED  
Jan 17, 2004  
Secretary of State

Entity Name: JAMES GAMMONS ENTERPRISES, INC.

## Current Principal Place of Business:

103 COUNTRY HILL DRIVE  
LONGWOOD, FL 32779

## New Principal Place of Business:

616 MAJESTIC OAK DRIVE  
APOPKA, FL 32712

## Current Mailing Address:

103 COUNTRY HILL DRIVE  
LONGWOOD, FL 32779

## New Mailing Address:

616 MAJESTIC OAK DRIVE  
APOPKA, FL 32712

FEI Number: 59-3352095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMMONS, JAMES G  
103 COUNTRY HILL DR.  
LONGWOOD, FL 32779

## Name and Address of New Registered Agent:

GAMMONS, JAMES G  
616 MAJESTIC OAK DRIVE  
APOPKA, FL 32717

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: EMMA R GAMMONS

01/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: GAMMONS, EMMA  
Address: 103 COUNTRY HILL DR  
City-St-Zip: LONGWOOD, FL

Title: P ( ) Delete  
Name: GAMMONS, JAMES  
Address: 103 COUNTRY HILL DRIVE  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: GAMMONS, EMMA R  
Address: 616 MAJESTIC OAK DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: P (X) Change ( ) Addition  
Name: GAMMONS, JAMES  
Address: 616 MAJESTIC OAK DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EMMA R GAMMONS

S

01/17/2004

Electronic Signature of Signing Officer or Director

Date