


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90388 009 \*\*\*150.00

<b>DOCUMENT # P97000031893</b> 1. Entity Name <b>J.A.M. CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>1603 GULDAHL DR TITUSVILLE, FL 32780</b>			Mailing Address <b>PO BOX 1282 TITUSVILLE, FL 32781</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1603 GULDAHL DR.</b> Suite, Apt. #, etc.			
City & State City: <b>TITUSVILLE</b> State: <b>FL</b>		4. FEI Number <b>59-3438855</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32780</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MANTILLA, JOSE A 1603 GULDAHL DR TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MANTILLA, JOSE A 1603 GULDAHL DR TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>Jose A Mantilla</i></u> <small>SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>27 APR 06</b> <small>Date Daytime Phone #</small>		