

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000081750

Entity Name: AAA-JRM ENTERPRISES, INC.

**FILED**  
**Jun 21, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

33636 LINCOLN RD  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

33636 LINCOLN RD  
LEESBURG, FL 34788

**New Mailing Address:**

FEI Number: 59-3480921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, JIMMIE R  
33636 LINCOLN RD.  
LEESBURG, FL 34788 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MURPHY, ELLEN  
Address: 33636 LINCOLN RD  
City-St-Zip: LEESBURG, FL 34788

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: MURPHY, MARGARET E  
Address: 33636 LINCOLN RD  
City-St-Zip: LEESBURG, FL 34788

Title: PD ( ) Change (X) Addition  
Name: MURPHY, JIMMIE R  
Address: 33636 LINCOLN RD  
City-St-Zip: LEESBURG, FL 34788

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: JIMMIE R MURPHY

PD

06/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date