## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## **FILED** Feb 04, 2004 08:00 AM Secretary of State **DOCUMENT # P97000097951** 1. Entity Name JAMCAN, INC. Principal Place of Business Mailing Address 3347 SONGBIRD LANE PO BOX 2031 LAKELAND, FL 33806 LAKELAND, FL 33811 02022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3521819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RICHARDS, SHIRLEY M 3347 SONGBIRD LANE LAKELAND, FL 33811 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, DAIL grid L., Registed agent signals a logic of unany minings orrato di cotici el niodi rama di legicia ed aggiri a MILLE Igase casic 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS CEO TITLE NAME RICHARDS, SHIRLEY M 3347 SONGBIRD LANE STREET ADDRESS U00000036504 02/06/04-80061-021 150.00 CITY ST 200 LAKELAND, FL 33811 RICHARDS, LLOYD G LAME 3347 SONGBIRD LANE STREET ADDRESS CITY ST 28P LAKELAND, FL 33811 LAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE LAME STREET ADDRESS CHY ST 2IP TITLE LALE STREET ADDRESS CITY ST ZIP TITLE LALIE STREET ACCURESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 this report as regalired 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.

D NAME OF SIGNING OFFICER OR DIRECTOR