


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000103977					
1. Entity Name JAM CAPITAL MANAGEMENT, INC.					
Principal Place of Business 2940 CARDINAL DR VERO BEACH FL 32963 US			Mailing Address P O BOX 3363 VERO BEACH FL 32964 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0800838	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applying	
6. Name and Address of Current Registered Agent MCLAUGHLIN, LISA H ESQ 2940 CARDINAL DRIVE STE 1 VERO BEACH FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Lisa H. McLaughlin</i> (NOTE: Registered Agent signature required when transferring)					
DATE <i>4/6/06</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	AMOS, ALEXANDRA M		NAME	U00000499846	
STREET ADDRESS	2940 CARDINAL DR		STREET ADDRESS	04/24/06-80046-015 150.00	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	JOHNSON, MEREDITH M		NAME		
STREET ADDRESS	2940 CARDINAL DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MCLAUGHLIN, JONATHAN C		NAME		
STREET ADDRESS	2940 CARDINAL DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MCLAUGHLIN, EDWARD B		NAME		
STREET ADDRESS	2940 CARDINAL DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Lisa H. McLaughlin*

4-05-06 772-231-6100