

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90035 003 ***158.75

DOCUMENT # P98000044395		
1. Entity Name JAM-LAND TRUCKING, INC.		

Principal Place of Business 10913 FILLMORE DRIVE BOYNTON BEACH, FL 33437	Mailing Address 10913 FILLMORE DRIVE BOYNTON BEACH, FL 33437
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94030798



2. Principal Place of Business 2345 CURLEY CUT Suite, Apt. #, etc. WEST PALM BEACH, City & State FLORIDA Zip 33411		3. Mailing Address 2345 CURLEY CUT Suite, Apt. #, etc. WEST PALM BEACH City & State FLORIDA Zip 33411	
Country USA	Country USA		

02152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0834192	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAYNES, DAVID M E 7453 CATANIA DRIVE BOYNTON BEACH  David M. Gaynes Attorney at Law 2736 Misty Oaks Circle Royal Palm Beach, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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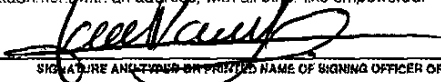
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, JAMES G 10913 FILLMORE DRIVE BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2345 CURLEY CUT ☒ Change ☐ Addition WEST PALM BEACH, FLORIDA 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SANCHEZ, YOLANDA 10913 FILLMORE DRIVE BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2345 CURLEY CUT ☒ Change ☐ Addition WEST PALM BEACH, FLORIDA 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **02-22-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR