


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 036 ***150.00

DOCUMENT # P98000045044

1. Entity Name
JAMMIN, INC.



Principal Place of Business Mailing Address

1891 BARKER ST. NE 1891 BARKER ST. NE
 PALM BAY, FL 32907 US PALM BAY, FL 32907 US

34025765



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

1891
~~MULLIN, JOANA~~ *RYDER, JOAN A*
~~1561 BARKER ST. NE~~ *1891 Barker St. NE*
~~MERRITT ISLAND, FL 32952~~ *Palm Bay, FL 32907-2482*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIN, JOANA <i>RYDER, JOAN A</i>	
STREET ADDRESS	570 S. BANANA RIVER DR. <i>1891 Barker St. NE</i>	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952 <i>Palm Bay, FL 32907</i>	
TITLE	<i>Copy of marriage license enclosed.</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>I changed all</i>	
STREET ADDRESS	<i>this last year.</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


12. I hereby certify that the information supplied with this filing 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 of 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: *Joan Ryder* Date: *4-02-04* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-956-1561

Department of Health - Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK
 This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

Attachment
 Doc # 058000045244
 3/025765

(STATE FILE NUMBER)

 CFN 2002252435 10-07-2002
 OR Book/Page: 4703 / 178

Scott Ellis
 Clerk Of Courts, Brevard Cou
 #Pgs: 1 #Names: 2 Ser
 Trust: 0.00 Rec: 0.00 Excise:
 Mitg: 0.00 at Tax:

200203210
 (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DAVID FRANCIS RYDER JR			2. DATE OF BIRTH (Month, Day, Year) 04/21/194
3a. RESIDENCE - CITY, TOWN, OR LOCATION PALM BAY	3b. COUNTY BREVARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign) NEW JERS
5a. BRIDE'S NAME (First, Middle, Last) JOAN ARLENE MULLIN		5b. MAIDEN SURNAME (if different) COWELL	6. DATE OF BIRTH (Month, Day, Year) 04/09/194
7a. RESIDENCE - CITY, TOWN, OR LOCATION PALM BAY	7b. COUNTY BREVARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign) OHIO

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>David Francis Ryder Jr</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <i>October 7 2002</i>
11. TITLE OF OFFICIAL Deputy Clerk	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Charlene Tuller</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Joan Arlene Mullin</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <i>October 7 2002</i>
15. TITLE OF OFFICIAL Deputy Clerk	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Charlene Tuller</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VA

17. COUNTY ISSUING LICENSE Brevard County	18. DATE LICENSE ISSUED 10/07/2002	18a. DATE LICENSE EFFECTIVE 10/07/2002	19. EXPIRATION DATE 12/06/2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Scott Ellis</i>		20b. TITLE Clerk of Circuit Court	20c.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 10-7-02	22. CITY, TOWN, OR LOCATION OF MARRIAGE MELBOURNE, FL 32940	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Deanna M Reiter</i>	23c. ADDRESS (Of person performing ceremony) 173 MARTHA WAY JHB FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Deanna M. Reiter Commission # CC 923962 Expires Jan. 11, 2005 Banded Thru Atlantic Bonding Co., Inc.	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Barbara...</i>	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Karen Mungal</i>



OFFICE OF FLORIDA, COUNTY OF BREVARD
 I HEREBY CERTIFY that the above and
 the only true and correct copy of this record

10/07/02 *Scott Ellis*