2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000049986

1. Entity Name
JAM-BEV ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1981-H LAKEWOOD CLUB DRIVE SOUTH SAINT PETERSBURG, FL 33712	1981-H LAKEWOOD CLUB DRIVE SOUTH SAINT PETERSBURG, FL 33712

DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-2744875		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000745546
05/16/07-80032-024 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	HENRY, JAMES A	
STREET ADDRESS	1981-H LAKEWOOD CLUB DRIVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE		
NAME		
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   5/1/07   864-3268
Date   Daytime Phone #