

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # V05698

1. Entity Name
JAMAC PROPERTIES, INC.

FILED
04 JUN 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**11 GREEN LAKE CIRCLE
LONGWOOD, FL 32779**

Mailing Address
**11 GREEN LAKE CIRCLE
LONGWOOD, FL 32779**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06172004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-3137880

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, GREGORY J.
300 SOUTH ORANGE AVENUE
SUITE 100
ORLANDO, FL 32801-3373**

Name
Jeffrey M. Koltun

Street Address (P.O. Box Number is Not Acceptable)
557 North Wymore Road

Suite 100

City **Maitland** FL Zip Code **32751**

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 *[Handwritten Signature]*

6/22/04

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME
DPTS
STREET ADDRESS
CITY-ST-ZIP
**UNGARO, JAMES J.
11 GREEN LAKE CIRCLE
LONGWOOD, FL 32779**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
VAS
STREET ADDRESS
CITY-ST-ZIP
**UNGARO, GEORGIANA
11 GREEN LAKE CIRCLE
LONGWOOD, FL 32779**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000039084150
07/14/04--01007--001 **122.50**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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)(j), 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: *[Handwritten Signature]* **James J. Ungaro, President** 407-862-4842 6/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #