

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 131530

Entity Name: JAMCO, INC.**Current Principal Place of Business:**1801 CENTREPARK DRIVE E STE 150
WEST PALM BEACH, FL 33401**Current Mailing Address:**PO BOX 3768
W PALM BEACH, FL 33402 US**FEI Number:** 59-0370790**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTINELLI, VICTOR
1801 CENTREPARK DRIVE E STE 150
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TSD
Name	MARTINELLI, VICTOR
Address	15616 ITALIAN CYPRESS WAY
City-State-Zip:	WELLINGTON FL 33414

Title	VD
Name	MURPHY, JOHN E
Address	1700 N. LAKESIDE DR
City-State-Zip:	LAKE WORTH FL 33460

Title	PD
Name	MURPHY, MARTIN ESR
Address	1801 CENTREPARK DR E SUITE 150
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DAT
Name	LETTENMAIER, LISA
Address	8689 OLDHAM WAY
City-State-Zip:	PALM BEACH GARDENS FL 33412

Title	D
Name	MENDIA, JOSEPH
Address	1801 CENTREPARK DR E SUITE 150
City-State-Zip:	WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR MARTINELLI**TREASURER****03/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date