

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681775

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: AHEARN, JASCO & COMPANY, P.A.

**Current Principal Place of Business:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-2008973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHEARN, THOMAS F  
190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: AHEARN, THOMAS F  
Address: 190 S.E. 19 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VS ( ) Delete  
Name: BORKOWSKI, MICHAEL A  
Address: 190 S.E. 19 AVE.  
City-St-Zip: POMPANO BCH, FL 33060

Title: VT ( ) Delete  
Name: MCDONOUGH, REBECCA L  
Address: 190 SE 19 AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete  
Name: JAUMOT, FRANK E  
Address: 190 S. E. 19TH AVE.  
City-St-Zip: POMPANO BCH, FL 33060

Title: VD ( ) Delete  
Name: PALERMO, ANTHONY M  
Address: 190 S.E. 19TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS F. AHEARN

DP

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date