

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681775

FILED
Jan 12, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: THOMAS F. AHEARN

DP

01/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date