

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001615

Entity Name: JCI JONES CHEMICALS, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1819 MAIN ST, STE 1100
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1819 MAIN ST, STE 1100
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 16-0809645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: JONES, JEFFERY W.
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236 US

Title: SEC () Delete
Name: HARTMAN, JAMES
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236 US

Title: VPD () Delete
Name: JONES, RYAN
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236 US

Title: VPD () Delete
Name: JONES, JEFFREY R.W.
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: JONES, SUSAN
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: WOELFEL, JOHN A
Address: 1819 MAIN STREET, SUITE 1100
City-St-Zip: SARASOTA, FL 34236

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: JOHN A. WOELFEL

CFO

02/23/2009

Electronic Signature of Signing Officer or Director

Date