

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068227

FILED
Apr 28, 2009
Secretary of State

Entity Name: J & F DIVINE PROTECTIVE SERVICES INC

Current Principal Place of Business:

1001 ABAGAIL DR
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1001 ABAGAIL DR
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-4890827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JSN FINANCIAL SERVICE, INC
511 ELDRON AVE
DELTONA, FL 32738 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: P/D () Delete
Name: ORTIZ, FRANCISCO
Address: 1001 ABAGAIL DR.
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: ORTIZ-GUTIERREZ, YOMARIE
Address: 14785 NASSAU DR
City-St-Zip: BILOXI, MS 39532

Title: T/D () Delete
Name: ORTIZ, JOHESEL
Address: 1001 ABAGAIL DR
City-St-Zip: DELTONA, FL 32725

Title: SECT () Delete
Name: ORTIZ, MILAGROS
Address: 1001 ABAGAIL DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change () Addition
Name: ORTIZ-GUTIERREZ, YOMARIE
Address: 14785 NASSAU DR
City-St-Zip: BILOXI, MS 39532

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

Title: VP (X) Change () Addition
Name: ORTIZ, MILAGROS
Address: 1001 ABAGAIL DR
City-St-Zip: DELTONA, FL 32725

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: FRANCISCO ORTIZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date