2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

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Entity Name: JOHN-MART ENTERPRISES OF JAX INC.

Current Principal Place of Business:

8963 103RD STREET
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 26-1986522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPPS, APRIL
8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 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: PRES
Name: CAPPS, JOANN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: TRES
Name: CAPPS, JOANN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: SECT
Name: CAPPS, JOANN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: DIR
Name: CAPPS, JOANN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: DIR
Name: CAPPS, APRIL
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

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: JOANN CAPPS PRES 01/04/2010

Electronic Signature of Signing Officer or Director Date