

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251642

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: JAMAR BUILDING CORP.

## Current Principal Place of Business:

507 NILSEN STR  
HAINES CITY, FL 33845 US

## New Principal Place of Business:

507 NILSEN STREET  
HAINES CITY, FL 33845 US

## Current Mailing Address:

JOHN M MACCHIONE  
PO BOX 1386  
HAINES CITY, FL 33844 US

## New Mailing Address:

507 NILSEN STREET  
HAINES CITY, FL 33845 US

FEI Number: 59-0991042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACCHIONE, JERRY  
507 NILSEN STREET  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

MACCHIONE, JERRY  
507 NILSEN STREET  
HAINES CITY, FL 33845 US

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:

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MACCHIONE, JOHN JR.  
Address: 93 PINE FOREST ST.  
City-St-Zip: HAINES CITY, FL

Title: PD ( ) Delete  
Name: MACCHIONE, JERRY  
Address: 507 NILSEN STREET  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MACCHIONE, JOHN JR.  
Address: 93 PINE FOREST ST.  
City-St-Zip: HAINES CITY, FL 33845

Title: PD (X) Change ( ) Addition  
Name: MACCHIONE, JERRY  
Address: 507 NILSEN STREET  
City-St-Zip: HAINES CITY, FL 33845

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: JERRY MACCHIONE

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date