

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 259036

FILED
Nov 05, 2007
Secretary of State

Entity Name: JETSON T.V. & APPLIANCE CENTERS, INC.

Current Principal Place of Business:

JETSON APPLIANCE CENTER
4145 S. FEDERAL HWY.
FT. PIERCE, FL 349826901

New Principal Place of Business:

Current Mailing Address:

JETSON APPLIANCE CENTER
4145 S. FEDERAL HWY.
FT. PIERCE, FL 349826901

New Mailing Address:

FEI Number: 59-1508381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JETSON, JOHN T.
4145 S. FEDERAL HIGHWAY
FT. PIERCE, FL 34982 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: PD () Delete
Name: JETSON, JOHN T.,
Address: 4600 N A1A PENTHOUSE 1
City-St-Zip: FORT PIERCE, FL 34949

Title: S/T () Delete
Name: FLYNN, BETTY A
Address: 6004 BUCHANAN DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: V () Delete
Name: THOFNER, JOHN E III
Address: 4145 S. US HWY 1
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: JETSON, JOHN T.,
Address: 4600 N A1A PENTHOUSE 1
City-St-Zip: FORT PIERCE, FL 34949

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

Title: P (X) Change () Addition
Name: THOFNER, JOHN E III
Address: 4145 S. US HWY 1
City-St-Zip: FT. PIERCE, FL 34982

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: BETTY A FLYNN

ST

11/05/2007

Electronic Signature of Signing Officer or Director

_____ Date