

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415317

Entity Name: JAY-BEE ASSOCIATED, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4912 GOLDEN GATE PKWY
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

4912 GOLDEN GATE PKWY
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 59-1430521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUDD, DAVID G
3033 RIVERA DR STE 201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HARP, DAVID B
4912 GOLDEN GATE PKWY
NAPLES, FL 34116 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: DAVID B HARP

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARP, DAVID B
Address: 1191 9TH STREET S.W.
City-St-Zip: NAPLES, FL 00000,

Title: VD () Delete
Name: HARP, GLADICE J
Address: 1185 CHRISTOPHER COURT
City-St-Zip: NAPLES, FL 00000,

Title: STD () Delete
Name: COSGRIFF, LINDA H
Address: 2379 ALVET ST. NW
City-St-Zip: PT CHARLOTTE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HARP, DAVID B
Address: 4912 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116 US

Title: VD (X) Change () Addition
Name: HARP, GLADICE J
Address: 4912 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116 US

Title: STD (X) Change () Addition
Name: COSGRIFF, LINDA H
Address: 1 GEM LAKE ESTATES
City-St-Zip: FRANKLIN, NC 28734 US

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: DAVID B HARP

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date