

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003887

Entity Name: J.J. KANE ASSOCIATES, INC.

FILED  
Jul 17, 2007  
Secretary of State

## Current Principal Place of Business:

8008 US HWY RT 130  
BUILDING ONE, SUITE 214  
DELRAN, NJ 08075

## New Principal Place of Business:

## Current Mailing Address:

5 ARMY DRIVE  
DELRAN, NJ 08075

## New Mailing Address:

8008 US HWY RT 130  
BUILDING ONE SUITE 214  
DELRAN, NJ 08075

FEI Number: 22-2948211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRICE, PEGGY  
5719 E. LAKE FOX DRIVE  
WINTER HAVEN, FL 33884 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KANE, JOHN J  
Address: 611 PARKSIDE AVENUE  
City-St-Zip: TOMS RIVER, NJ 08753 US

Title: V ( ) Delete  
Name: KANE, JOSEPH  
Address: 5 ARMY DRIVE  
City-St-Zip: DELRAN, NJ 08075 US

Title: S ( ) Delete  
Name: KANE, MARGARET J  
Address: 611 PARKSIDE AVENUE  
City-St-Zip: TOMS RIVER, NJ 08753 US

Title: T ( ) Delete  
Name: KANE, SHARON  
Address: 5 ARMY DRIVE  
City-St-Zip: DELRAN, NJ 08075 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSEPH KANE

V

07/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date