

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003887

FILED
Jan 05, 2009
Secretary of State

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

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:

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

New Mailing Address:

FEI Number: 22-2948211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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: 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: SHARON KANE

T

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date