2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001573

Address:

City-St-Zip:

3128 DEER CREEK DR.

VINCENNES, IN 47591

Entity Name: JOFCO INTERNATIONAL, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: 13TH & VINE JASPER, IN 47547 Current Mailing Address:			New Principal Place	New Principal Place of Business: 402 EAST 13TH STREET JASPER, IN 47546	
			New Mailing Address:		
P.O. BOX JASPER, I	71 IN 475470071		P.O. BOX 71 JASPER, IN 47547		
FEI Number	: 35-0420350	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU PLANTAT The above		ID ROAD US	purpose of changing its registere	ed office or registered agent, or bo	
	e of Florida. 				
SIGNATUI		is Cianatura of Dogistanad As		Data	
Election Ca		ic Signature of Registered Ag Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	C () STEURER, JOS 404 REYLING D JASPER, IN 479	R.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MESSMER, BEF 955 DORETT ST JASPER, IN 479	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () RUBINO, BILL 451 33RD ST. JASPER, IN 479	Delete 546	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () TRETTER, KENI 706 ORCHARD HUNTINGBURG	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () STURM, GREGO	Delete	Title: Name:	() Change () Addition	

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.

Address: City-St-Zip:

SIGNATURE: ADAM SMITH VP 01/14/2009