

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006968

Entity Name: J.G.A. BEACON, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

ONE LAKELAND PARK DRIVE
PEABODY, MA 01960

New Principal Place of Business:

Current Mailing Address:

ONE LAKELAND PARK DRIVE
PEABODY, MA 01960

New Mailing Address:

FEI Number: 84-1663264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: BUCK, ROBERT R
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

Title: VPTR () Delete
Name: GRACE, DAVID R
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

Title: VP () Delete
Name: WADE, SCOTT
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

Title: AS () Delete
Name: WELKER, RICK
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

Title: SEC () Delete
Name: COOPER, ROSS D
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: P () Change (X) Addition
Name: PAUL, ISABELLA M
Address: ONE LAKELAND PARK DRIVE
City-St-Zip: PEABODY, MA 01960

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 R. GRACE

VPTR

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date