

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002885

Entity Name: JAVELIN, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

275 UNION BLVD  
ST. LOUIS, MO 63108

## New Principal Place of Business:

## Current Mailing Address:

275 UNION BLVD  
ST. LOUIS, MO 63108

## New Mailing Address:

FEI Number: 43-1802837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NETTESHEIM, KYLE  
6100 SAN AMARO DRIVE  
CORAL GABLES, FL 33146 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: CP ( ) Delete  
Name: CAMPBELL, DAVID M  
Address: 14 SUNSWEPT  
City-St-Zip: ST. LOUIS, MO 63141

Title: VCT ( ) Delete  
Name: MEIER, DONNA  
Address: 14 SUNSWEPT  
City-St-Zip: ST. LOUIS, MO 32141

Title: DS ( ) Delete  
Name: CARSTEN, BRAD  
Address: 368 S OLD ORCHARD AVE  
City-St-Zip: WEBSTER GROVES, MO 63119

Title: D (X) Delete  
Name: NOVAK, JENNIFER  
Address: 20 SUNSWEPT  
City-St-Zip: SAINT LOUIS, MO 63141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: CARSTEN, BRAD  
Address: 368 S OLD ORCHARD AVE  
City-St-Zip: WEBSTER GROVES, MO 63119

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

Title: DS (X) Change ( ) Addition  
Name: NOVAK, JENNIFER  
Address: 20 SUNSWEPT  
City-St-Zip: SAINT LOUIS, MO 63141

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: DONNA MEIER

VCT

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date