

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005915

FILED
Jan 20, 2009
Secretary of State

Entity Name: J. J. SWARTZ CO.

Current Principal Place of Business:

2120 N. OAKLAND AVE
DECATUR, IL 62526

New Principal Place of Business:

Current Mailing Address:

2120 N. OAKLAND AVE
DECATUR, IL 62526

New Mailing Address:

FEI Number: 37-1096549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, E. G
950 N. COLLIER BLVD. STE. 204
MARCO ISLAND, FL 34145 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: PCT () Delete
Name: SWARTZ, THOMAS E
Address: 2120 N. OAKLAND AVE
City-St-Zip: DECATUR, IL 62526

Title: WVC () Delete
Name: SWARTZ, DONNA K
Address: 1031 W. MOUND RD.
City-St-Zip: DECATUR, IL 62526

Title: S () Delete
Name: SWARTZ, BRAD T
Address: 2120 N. OAKLAND AVE.
City-St-Zip: DECATUR, IL 62526

Title: D () Delete
Name: KLEIN, KENNETH
Address: 1660-J E. 71ST ST.
City-St-Zip: TULSA, OK 74136

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: THOMAS SWARTZ

PCT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date