

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40234

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRADS OF JACKSONVILLE, INC.

Current Principal Place of Business:

C/O LOUIS TRAD, JR.
8178 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

C/O LOUIS TRAD, JR.
8178 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2287069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAD, LOUIS, JR.
8178 SAN JOSE BLVD.
JACKSONVILLE, FL 32217 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: DP () Delete
Name: TRAD JR, LOUIS,
Address: 8178 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: DV () Delete
Name: TRAD, BETTY,
Address: 8178 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: STD () Delete
Name: GARRARD, O., J., III,
Address: 6828 ST AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 00000,

Title: S () Delete
Name: WARTAN, DENISE T
Address: 8178 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 00000

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: BETTY N TRAD

VP

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date