2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# G92721

Entity Name: J. E. ASSOCIATES, INC.

Current Principal Place of Business:

220 W BAY ST
P.O. BOX 639
DAVENPORT, FL 33837

New Principal Place of Business:

220 W BAY ST
DAVENPORT, FL
DAVENPORT, FL 33837

Current Mailing Address:

220 W BAY ST
P.O. BOX 639
DAVENPORT, FL 33837

New Mailing Address:

220 W BAY ST
P.O. BOX 639
DAVENPORT, FL 33836

FEI Number: 59-2390055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIRNEISEN, J. E. BELTZ
220 W BAY ST
DAVENPORT, FL 33837 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: DCV ( ) Delete
Name: HIRNEISEN, RICHARD N, .
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL

Title: DVT ( ) Delete
Name: HIRNEISEN, JEANNE E.,
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL

Title: DP ( ) Delete
Name: HINEISEN, PAUL L
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCV (X) Change ( ) Addition
Name: HIRNEISEN, RICHARD N, .
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL 33837

Title: DVT (X) Change ( ) Addition
Name: HIRNEISEN, JEANNE E.,
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL 33837

Title: DP (X) Change ( ) Addition
Name: HIRNEISEN, PAUL L
Address: 220 W. BAY ST
City-St-Zip: DAVENPORT, FL 33837

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: RICHARD N. HIRNEISEN DCV 02/23/2009

Electronic Signature of Signing Officer or Director — Date