2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61994

Address:

City-St-Zip:

1700 OLDERIVER TR

CHULUOTA, FL 32766

Entity Name: J.A. MICHAEL, INC.

FILED May 06, 2009 Secretary of State

	0.7 (. 141101	/ \LL, II \C.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1116 EAST WINTER S	「SR 434 SPRINGS, FL 3	32708			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1700 OLD RIVER TRAIL CHULUOTA, FL 32766			1116 EAST SR 434 WINTER SPRINGS, F	1116 EAST SR 434 WINTER SPRINGS, FL 32708	
FEI Number:	59-2806113	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
CHULUOT	ERIVER TRAIL A, FL 32766	US	surnoso of changing its registers	d office or registered agent, or both	
	of Florida.	submits this statement for the p	urpose or changing its registered	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent Date					
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MICHAEL, DÈLI	LAKE RD. APT. 227	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PDT () MICHAEL, JAY 1700 OLDE RIV CHULUOTA, FL	ER TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DT () MICHAEL, TAM	Delete ARA L	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAY A. MICHAEL PRES 05/06/2009