2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# K54519

Entity Name: J. THORNEL CONSULTANTS, INC.

Current Principal Place of Business:

6815 ATLANTIC BLVD
STE 3
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

54058 FLAMINGO RD
CALLAHAN, FL 32011 US

Current Mailing Address:

BOX 40049
JACKSONVILLE, FL 32203

New Mailing Address:

PO BOX 40049
JACKSONVILLE, FL 32203-004

FEI Number: 59-2924418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINN, JAMES E
2334 HOLLY LEAF LANE
ORANGE PK, FL 32073 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:	D	( ) Delete
Name:	BAKER, GEORGE M	
Address:	8311 LAWFIN ST N	
City-St-Zip:	JACKSONVILLE, FL	
Title:	SD	( ) Delete
Name:	SINN, JAMES E	
Address:	2334 HOLLY LEAF LANE	
City-St-Zip:	ORANGE PARK, FL	
Title:	PTD	( ) Delete
Name:	BEDFORD, SHERRY L	
Address:	54058 FLAMINGO RD.	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	D	(X) Delete
Name:	EDENS, WILLIAM J	
Address:	6853 MERRILL RD	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	(X) Delete
Name:	PLEMMONS, CAROLYN S	
Address:	307 CEDAR CREEK FARMS RD	
City-St-Zip:	GLEN ST MARY, FL 32040	

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:	
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: SHERRY L BEDFORD PTD 03/19/2009

Electronic Signature of Signing Officer or Director Date