

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68220

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: JANDON OF COLLIER, INC.

**Current Principal Place of Business:**

5422 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

5422 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 65-0098634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKEY, CAROL  
1335 MONARCH CIRCLE  
NAPLES, FL 34116 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: HICKEY, MICHAEL,  
Address: 1335 MONARCH CIRCLE  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: HICKEY, CAROL,  
Address: 1335 MONARCH CIRCLE  
City-St-Zip: NAPLES, FL 34116

Title: P ( ) Delete  
Name: HICKEY, JR. MICHAEL,  
Address: 4415 LAKEWOOD BLVD.  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: HICKEY, MARK  
Address: 4969 19TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: HICKEY, KEVIN A  
Address: 6142 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112

**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: MARK HICKEY

VP

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date