

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