

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31789

Entity Name: J. BORNANT, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2090 LAKEBREEZE WAY  
DELTONA, FL 327285158 US

**New Principal Place of Business:**

616 DUNBAR CT.  
DELTONA, FL 32725 US

**Current Mailing Address:**

P.O. BOX 5158  
DELTONA, FL 327285158 US

**New Mailing Address:**

FEI Number: 59-2982301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AUTORINO, ALLISON D  
2090 LAKEBREEZE WAY  
DELTONA, FL 32738 US

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

AUTORINO, ALLISON D  
616 DUNBAR CT.  
DELTONA, FL 32725 US

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: ALLISON D AUTORINO      03/24/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AUTORINO, ALLISON D.,  
Address: 2090 LAKE BREEZE WAY  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AUTORINO, ALLISON D.,  
Address: 616 DUNBAR CT  
City-St-Zip: DELTONA, FL 32725

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: ALLISON D AUTORINO      PRES      03/24/2009  
Electronic Signature of Signing Officer or Director      Date