

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60354

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** J.M. SHOEMAKER CONSULTING, INC.

**Current Principal Place of Business:**

% JACKIE M. SHOEMAKER  
116 39TH DRIVE  
VERO BEACH, FL 32968

**New Principal Place of Business:**

**Current Mailing Address:**

% JACKIE M. SHOEMAKER  
116 39TH DRIVE  
VERO BEACH, FL 32968

**New Mailing Address:**

**FEI Number:** 65-0186569      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHOEMAKE, JACKIE M.  
116 39TH DR  
VERO BEACH, FL 32968      US

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

SHOEMAKER, JACKIE M.  
116 39TH DR  
VERO BEACH, FL 32968      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: JACKIE M. SHOEMAKER      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SHOEMAKER, JACKIE M.  
Address: 116 39TH DR  
City-St-Zip: VERO BEACH, FL

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

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: JACKIE M. SHOEMAKER      PRES      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date