

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010423

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: JIRAH, INC.

## Current Principal Place of Business:

6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810

## New Principal Place of Business:

## Current Mailing Address:

6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810

## New Mailing Address:

FEI Number: 26-3814052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOSELLE, MICHAEL  
6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, DAVID  
Address: 549 STATE RD. 559  
City-St-Zip: AUBURNDALE, FL 33823

Title: S ( ) Delete  
Name: ALLEN, JASMINE A  
Address: 549 STATE RD. 559  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: PARRY, JANE  
Address: 6670 GLEN MEADOW LOOP  
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: VP ( ) Change (X) Addition  
Name: MOSELLE, MICHAEL D VP  
Address: 6652 GLEN MEADOW LOOP  
City-St-Zip: LAKELAND, FL 33810 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. MOSELLE

VP

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date