

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49812

FILED
Jan 14, 2009
Secretary of State

Entity Name: JCAD CORPORATION

Current Principal Place of Business:

433 FLORIDA AVE
HAINES CITY, FL 338450670 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
HAINES CITY, FL 338450670

New Mailing Address:

FEI Number: 59-3134534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JAMES E
1907 S 8TH ST
HAINES CITY, FL 33844 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: STD () Delete
Name: ZAMANA, JR, EDWARD A
Address: 985 WEDGEWOOD S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: WERCKMAN, ROGER
Address: 112 VICTORIA DR
City-St-Zip: HAINES CITY, FL 33847

Title: PD () Delete
Name: HOFFMAN, JAMES E
Address: 1907 S 8TH ST
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: SHEA, ROBERT T
Address: 279 DARTMOUTH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: BALDAZZI, FREDERICK C
Address: 154 ADRIANA CT
City-St-Zip: DAVENPORT, FL 33837

Title: VD () Delete
Name: BONNELL, DONALD
Address: 1301 POLK CITY RD. #173
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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

SIGNATURE: JAMES E. HOFFMAN

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date