2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N95000000562

Entity Name: JAX BEACH FESTIVALS, INC.

Current Principal Place of Business:

209 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51348
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3293739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, CAROLYN
830 S THIRD ST.
#104
JACKSONVILLE BEACH, FL 32250 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: D ( ) Delete
Name: VEAL, SAMUEL
Address: 16 PONTE VEDRA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D ( ) Delete
Name: MCCORMICK, REID T
Address: 400 W. TROTTERS DR
City-St-Zip: MAITLAND, FL

Title: D ( ) Delete
Name: VEAL, SUSAN
Address: 16 PONTE VEDRA CIR
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D ( ) Delete
Name: HARBESON, MITCH
Address: 1832 TIERRA VERDE ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

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:

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: SAMUEL VEAL DTR. 01/22/2009

Electronic Signature of Signing Officer or Director — Date