

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004383

FILED
Apr 27, 2009
Secretary of State

Entity Name: JUPITER NOSERIDERS, INC.

Current Principal Place of Business:

JUPITER SQUARE SHOPPING CENTER
103 US HWY 1, STE. F-5, #150
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

JUPITER SQUARE SHOPPING CENTER
103 US HWY 1, STE. F-5, #150
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0786009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEETON, WILLIAM
JUPITER SQUARE SHOPPING CENTER
103 US HWY 1, STE. F-5, #150
JUPITER, FL 33477 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: SCOTTEN, JOHN
Address: 103 US HWY 1 STE F-5 PMB #150
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: KUZMA, THOMAS
Address: 103 UNITED STATES ONE SUITE F-5 #150
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: KEETON, WILLIAM
Address: 103 UNITED STATES ONE SUITE F-5 #150
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: ARNOLD, THOMAS M
Address: 103 US HWY 1 SUITE F-5 PMB #150
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: MURRAY, DAN
Address: 103 US HWY 1 SUITE F-5 PMB #150
City-St-Zip: JUPITER, FL 33477

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:

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: WILLIAM KEETON

D

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date