
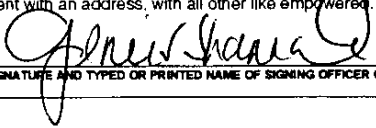


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 040 ***150.00

DOCUMENT # P01000110096 1. Entity Name JAY-GEN & ASSOCIATES, INC.					
Principal Place of Business 244 TROPIC AVE SAN MATEO, FL 32187			Mailing Address PO BOX 215 SAN MATEO, FL 32187		
2. Principal Place of Business - No P.O. Box # 260 RIVER DRIVE Suite, Apt. #, etc.		3. Mailing Address 260 RIVER DRIVE Suite, Apt. #, etc.			
City & State EAST PALATKA, FL Zip 32131		City & State EAST PALATKA, FL Zip 32131		4. FEI Number 75-3003908	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHANNAHAN, GENIE S 244 TROPIC AVE SAN MATEO, FL 32187			7. Name and Address of New Registered Agent Name SHANNAHAN, GENIE S. Street Address (P.O. Box Number is Not Acceptable) 260 RIVER DRIVE City EAST PALATKA FL Zip Code 32131		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNAHAN, GENIE S 244 TROPIC AVE SAN MATEO, FL 32187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNAHAN, GENIE S. 260 RIVER DRIVE EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANNAHAN, JAY 244 TROPIC AVENUE SAN MATEO, FL 32187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANNAHAN, JAY 260 RIVER DRIVE EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  PRESIDENT 4/27/08 59042794-7501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					