

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054524

FILED
Mar 24, 2009
Secretary of State

Entity Name: VANCOREJONES COMMUNICATIONS, INC

Current Principal Place of Business:

122 S CALHOUN ST
2ND FLOOR
TALLAHASSEE, FL 323011518

New Principal Place of Business:

Current Mailing Address:

122 S CALHOUN ST
2ND FLOOR
TALLAHASSEE, FL 323011518

New Mailing Address:

FEI Number: 03-0443299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCHUGH, SHAWN T
ONE N DALE MABRY STE 800
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VANCORE, STEVE
Address: 122 S CALHOUN ST
City-St-Zip: TALLAHASSEE, FL 323011518

Title: DST () Delete
Name: WADE, JAMES E III
Address: 122 S CALHOUN ST
City-St-Zip: TALLAHASSEE, FL 323011518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: JONES, ANDREW
Address: 122 S CALHOUN ST
City-St-Zip: TALLAHASSEE, FL 323011518

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

SIGNATURE: STEVE VANCORE

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date