

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000064970

Entity Name: JARAD CORPORATION

FILED
Aug 07, 2009
Secretary of State

Current Principal Place of Business:

1234 KING STREET
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2578
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 02-0617142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIAN, FANT E III
1234 KING STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

PANNELL, MICHAEL
1234 KING STREET
JACKSONVILLE, FL 32204 US

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: MICHAEL PANNELL

08/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FANT, JULIAN E III
Address: POST OFFICE BOX 2578
City-St-Zip: JACKSONVILLE, FL 32203

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PANNELL, MICHAEL
Address: POST OFFICE BOX 2578
City-St-Zip: JACKSONVILLE, FL 32203

Title: D () Change (X) Addition
Name: MCRAE, JAMES
Address: POST OFFICE BOX 2578
City-St-Zip: JACKSONVILLE, FL 32203

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: MICHAEL PANNELL

D

08/07/2009

Electronic Signature of Signing Officer or Director

Date