

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077092

Entity Name: ELAYNE MINES, INC.

FILED  
Feb 10, 2009  
Secretary of State

## Current Principal Place of Business:

526 SOUTH 3RD STREET  
LOWER  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

4193-2 OLDFIELD CROSSING DR  
JACKSONVILLE, FL 32223

## Current Mailing Address:

12818 JULINGTON FOREST DR W  
JACKSONVILLE, FL 32258

## New Mailing Address:

4193-2 OLDFIELD CROSSING DR  
JACKSONVILLE, FL 32223

FEI Number: 75-3071998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

E M STUDIO  
526 SOUTH 3RD STREET  
LOWER  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

E M STUDIO  
4193-2 OLDFIELD CROSSING DR  
JACKSONVILLE, FL 32223 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: ELAINE MINES

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MINES, ELAYNE  
Address: 526 SOUTH 3RD STREET LOWER  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O ( ) Change (X) Addition  
Name: MINES, JEROME  
Address: 4193-2 OLDFIELD CROSSING DR  
City-St-Zip: JACKSONVILLE, FL 32223

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: JEROME MINES

O

02/10/2009

Electronic Signature of Signing Officer or Director

Date