

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089605

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: JACKSONVILLE HOME IMPROVEMENTS, INC.

## Current Principal Place of Business:

8625-1 ALTON AVENUE  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

900 CESERY BLVD #109  
JACKSONVILLE, FL 32211 US

## Current Mailing Address:

8625-1 ALTON AVENUE  
JACKSONVILLE, FL 32211 US

## New Mailing Address:

900 CESERY BLVD #109  
JACKSONVILLE, FL 32211 US

FEI Number: 34-1977396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGUIRE, MARK A  
8625-1 ALTON AVENUE  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

MCGUIRE, MARK A  
900 CESERY BLVD #109  
JACKSONVILLE, FL 32211 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:

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCGUIRE, MARK  
Address: 8625-1 ALTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: MCGUIRE, KARIN  
Address: 8625-1 ALTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: OFF. ( ) Delete  
Name: MCGUIRE, DAMIEN  
Address: 8625-1 ALTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCGUIRE, MARK  
Address: 900 CESERY BLVD #109  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Change ( ) Addition  
Name: MCGUIRE, KARIN  
Address: 900 CESERY BLVD #109  
City-St-Zip: JACKSONVILLE, FL 32211

Title: OFF. (X) Change ( ) Addition  
Name: MCGUIRE, DAMIEN  
Address: 900 CESERY BLVD #109  
City-St-Zip: JACKSONVILLE, FL 32211

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: MARK MCGUIRE

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date