# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2009**
**Secretary of State**

DOCUMENT# P02000109745

**Entity Name:** JAG ENTERPRISES & ASSOCIATES INC.

**Current Principal Place of Business:**

316 PATRICK CIRCLE
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2215
MELBOURNE, FL 329022215

**New Mailing Address:**

**FEI Number: 01-0750947** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLETTI, JOE
316 PATRICK CIRCLE
MELBOURNE, FL 32901 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: GILLETTI, JOE
Address: 316 PATRICK CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete
Name: GILLETTI, CODY
Address: 316 PATRICK CIR
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete
Name: GILLETTI, RYAN
Address: 316 PATRICK CIR
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete
Name: GILLETTI, HEATHER
Address: 316 PATRICK CIR
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: JOSEPH A. GILLETTI DP 01/27/2009

Electronic Signature of Signing Officer or Director — Date