

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004041

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: JSM DESIGN, INCORPORATED

## Current Principal Place of Business:

9 WILDERNESS RUN  
FLAGLER BEACH, FL 32136

## New Principal Place of Business:

## Current Mailing Address:

3100 OCEAN SHORE BOULEVARD  
#307  
ORMOND BEACH, FL 32176

## New Mailing Address:

9 WILDERNESS RUN  
FLAGLER BEACH, FL 32136

FEI Number: 42-1572988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACDONALD, JOHN W III  
3100 OCEAN SHORE BOULEVARD  
#307  
ORMOND BEACH, FL 32176 US

## Name and Address of New Registered Agent:

MACDONALD, JOHN W III  
9 WILDERNESS RUN  
FLAGLER BEACH, FL 32136 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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACDONALD, JOHN  
Address: 3100 OCEAN SHORE BOULEVARD #307  
City-St-Zip: ORMOND BEACH, FL 32176

Title: COOR ( ) Delete  
Name: MACDONALD, SUE  
Address: 3100 OCEAN SHORE BLVD  
City-St-Zip: ORMOND BEACH, FL 32176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MACDONALD, JOHN  
Address: 9 WILDERNESS RUN  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: COOR (X) Change ( ) Addition  
Name: MACDONALD, SUE  
Address: 9 WILDERNESS RUN  
City-St-Zip: FLAGLER BEACH, FL 32136 US

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: SUE MACDONALD

COOR

04/14/2009

Electronic Signature of Signing Officer or Director

Date