

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092108

FILED
Apr 04, 2009
Secretary of State

Entity Name: JODI COLELLO, INC.

Current Principal Place of Business:

5991 SE WINDSONG LANE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5991 SE WINDSONG LANE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 20-1272443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLELLO, JODI
5991 SE WINDSONG LN
STUART, FL 34997 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: P () Delete
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LN
City-St-Zip: STUART, FL 34997

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T () Change (X) Addition
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LANE
City-St-Zip: STUART, FL 34997

Title: S () Change (X) Addition
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LANE
City-St-Zip: STUART, FL 34997

Title: VP () Change (X) Addition
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LANE
City-St-Zip: STUART, FL 34997

Title: P () Change (X) Addition
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LANE
City-St-Zip: STUART, FL 34997

Title: P () Change (X) Addition
Name: COLELLO, JODI
Address: 5991 SE WINDSONG LANE
City-St-Zip: STUART, FL 34997

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: JODI COLELLO

P

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date