

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068957

FILED
Feb 17, 2009
Secretary of State

Entity Name: JASON CRONIN CONSTRUCTION INCORPORATED

Current Principal Place of Business:

6 CALLE HERMOSA
PENACOLA BEACH, FL 32561

New Principal Place of Business:

913 GULF BREEZE PARKWAY
SUITE 12
GULF BREEZE, FL 32561

Current Mailing Address:

6 CALLE HERMOSA
PENACOLA BEACH, FL 32561

New Mailing Address:

913 GULF BREEZE PARKWAY
SUITE 12
GULF BREEZE, FL 32561

FEI Number: 64-0942075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRONIN, KATIE T
6 CALLE HERMOSA
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

CRONIN, KATIE T
913 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 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:

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CRONIN, KATIE T
Address: 6 CALLE HERMOSA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP () Delete
Name: CRONIN, JASON P
Address: 6 CALLE HERMOSA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TREA () Delete
Name: CRONIN, KATIE T
Address: 6 CALLE HERMOSA
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRONIN, KATIE T
Address: 913 GULF BREEZE PARKWAY, SUITE 12
City-St-Zip: GULF BREEZE, FL 32561

Title: VP (X) Change () Addition
Name: CRONIN, JASON P
Address: 913 GULF BREEZE PARKWAY, SUITE 12
City-St-Zip: GULF BREEZE, FL 32561

Title: TREA (X) Change () Addition
Name: CRONIN, KATIE T
Address: 913 GULF BREEZE PARKWAY, SUITE 12
City-St-Zip: GULF BREEZE, FL 32561

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: KATIE T. CRONIN

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date