2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 24, 2009
Secretary of State

DOCUMENT# P05000097454

Entity Name: JAX CUSTOM FINISHES, INC.

Current Principal Place of Business:

204 BAISDEN ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

204 BAISDEN ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 68-0610340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, ROBERT L
204 BAISDEN ROAD
JACKSONVILLE, FL 32218 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDWARDS, ROBERT L
Address: 205 BAISDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: WOLFLA, CHARLES M
Address: 204 BAISDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: KOGUT, MICHAEL
Address: 8317 HOLLY HILL COVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: HAY, JOHN
Address: 10566 GAILWOOD CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32218

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: LAURA D EDWARDS S 12/24/2009
Electronic Signature of Signing Officer or Director Date