

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120245

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: AMERIGROW OF JUPITER CORP.

## Current Principal Place of Business:

10320 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

9538 171 STREET NORTH  
JUPITER, FL 33478

## Current Mailing Address:

10320 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

## New Mailing Address:

10320 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446 US

FEI Number: 84-1691757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAXBERG, GRAYSON, KUKOFF & SEGAL, P.A.  
25 SE 2ND AVENUE  
SUITE 730  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

BLAXBERG, GRAYSON & KUKOFF  
25 SE 2ND AVENUE  
SUITE 730  
MIAMI, FL 33131 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: BARRY BLAXBERG, ESQ

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TOMLINSON, JANET  
Address: 10320 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: SEC ( ) Delete  
Name: TOMLINSON, JANET  
Address: 10320 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete  
Name: KEARNEY, SILVIA  
Address: 10320 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD ( ) Delete  
Name: KEARNEY, SILVIA  
Address: 10320 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete  
Name: TOMLINSON, DAVID  
Address: 10320 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

## 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:

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: JANET TOMLINSON

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date