2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000133667

Entity Name: JACOME & ASSOCIATES, INC.

Current Principal Place of Business:

5349 FORZLEY STREET
ORLANDO, FL 32812 US

New Principal Place of Business:

942 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

5349 FORZLEY STREET
ORLANDO, FL 32812 US

New Mailing Address:

942 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-5742796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, SUSAN J
5349 FORZLEY STREET
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

TURNER, SUSAN J
942 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS, FL 32714 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: SUSAN J. TURNER 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TURNER, SUSAN J
Address: 5349 FORZLEY STREET
City-St-Zip: ORLANDO, FL 32812 US

Title: VP ( ) Delete
Name: KEIFFER, ELIZABETH
Address: 3613 EDLAND DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: S ( ) Delete
Name: WOOLEY, JUDITH A
Address: 3613 EDLAND DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: T ( ) Delete
Name: TURNER, WALTER J JR.
Address: 942 SOUTHRIDGE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TURNER, SUSAN J
Address: 942 SOUTHRIDGE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: SUSAN J. TURNER P 04/30/2009
Electronic Signature of Signing Officer or Director Date