

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048228

Entity Name: THOMAS J. AARON, INC.

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

520 4TH AVE. N.  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

10605 THERESA DRIVE  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

520 4TH AVE. N.  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

10605 THERESA DRIVE  
JACKSONVILLE, FL 32246 US

FEI Number: 20-8884390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AARON, THOMAS J  
520 4TH AVE. N.  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

AARON, THOMAS J  
12628 BLUE LAGOON TRAIL  
JACKSONVILLE, FL 32225 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: THOMOAS J AARON

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AARON, THOMAS J  
Address: 520 4TH AVE. N.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP ( ) Delete  
Name: AARON, KIMBERLY D  
Address: 520 4TH AVE. N.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AARON, THOMAS J  
Address: 12628 BLUE LAGOON TRAIL  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP (X) Change ( ) Addition  
Name: AARON, KIMBERLY D  
Address: 12628 BLUE LAGOON TRAIL  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: KIMBERLY D. AARON

VP

04/24/2008

Electronic Signature of Signing Officer or Director

Date