

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068445

Entity Name: JAKKAR CORPORATION

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

371 FT SMITH BLVD
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

371 FT SMITH BLVD
DELTONA, FL 32738

New Mailing Address:

FEI Number: 26-0404705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ACKAR
371 FT SMITH BLVD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

MARTIN, JOHNETTE
371 FT SMITH BLVD
DELTONA, FL 32738 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: JOHNETTE MARTIN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, ACKAR
Address: 371 FT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: THOMPSON, LYNETTE
Address: 1324 HARRISON ST
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: JONES, BENJAMIN
Address: 371 FT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: JOHNETTE, MARTIN
Address: 3165 NOAH CORT
City-St-Zip: DELTONA, FL 32738

Title: AS () Delete
Name: THOMPSON, ZANQUISHA
Address: 371 FT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JONES, DEBORAH
Address: 1435 MARA COURT
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: THOMPSON, LYNETTE
Address: 1324 HARRISON ST
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JOHNETTE, MARTIN
Address: 3165 NOAH CORT
City-St-Zip: DELTONA, FL 32738

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: JOHNETTE MARTIN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date