2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P07000071142

Entity Name: JC MARKETING ASSOCIATES, INC.

Current Principal Place of Business:

405 S. DALE MABRY HWY.
SUITE 358
TAMPA, FL 333609

New Principal Place of Business:

Current Mailing Address:

405 S. DALE MABRY HWY.
SUITE 358
TAMPA, FL 333609

New Mailing Address:

FEI Number: 26-0393570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGEN, JAMES
405 S. DALE MABRY HWY.
SUITES 358
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: HAGEN, JAMES
Address: 23110 SR54 #113
City-St-Zip: LUTZ, FL 33549

Title: VP/D ( ) Delete
Name: KESIC, DAVE
Address: 7350 HERRICK PARK DR
City-St-Zip: HUDSON, OH 44236

Title: T ( ) Delete
Name: MCCROREY, SHARON
Address: 23110 SR54 #113
City-St-Zip: LUTZ, FL 33549

Title: S/D ( ) Delete
Name: HAGEN, STEPHANIE
Address: 5909 CEDARIDGE DR.
City-St-Zip: CINCINNATI, OH 45247

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: JAMES W. HAGEN P/D 03/24/2009

Electronic Signature of Signing Officer or Director — Date