

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000170

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Entity Name:** JASON ROWE ENTERPRISES CORPORATION

**Current Principal Place of Business:**

10924 NW 1ST MANOR  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

10924 NW 1ST MANOR  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 38-3772842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROWE, JASO D  
10924 NW 1ST MANOR  
CORAL SPRINGS, FL 33071 US

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

ROWE, JASON D  
10924 NW 1ST MANOR  
CORAL SPRINGS, FL 33071 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: JASON ROWE

01/05/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROWE, JASON D  
Address: 10924 NW 1ST MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

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: JASON ROWE

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date