# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# P08000003079

**Entity Name:** JM SALES AGENCY, INC.

**Current Principal Place of Business:**

114 SAMS AVE
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

1200 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

114 SAMS AVE
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

1200 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

**FEI Number: 26-1714901** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARNETT, STEPHEN
163 E. MORSE BLVD
SUITE 210
WINTER PARK, FL 32789 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 ( ) Delete
Name: MENKE, JONATHAN M
Address: 2700 N PENINSUAL #315
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP ( ) Delete
Name: MENKE, JONATHAN D
Address: 1200 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S ( ) Delete
Name: MENKE, KATHERINE
Address: 2700 N PENINSULA $315
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

**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:

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: JONATHAN D. MENKE VP 04/27/2009

Electronic Signature of Signing Officer or Director Date