

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039792

FILED
Jan 22, 2009
Secretary of State

Entity Name: JAHN'S ERRANDS PLUS, INC.

Current Principal Place of Business:

722 S.W. LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

722 S.W. LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 26-2487298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENGHOLD, JUDITH C
722 S.W. LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986 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: PRES () Delete
Name: HENGHOLD, JUDITH C
Address: 722 S.W. LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: TRES () Delete
Name: MADDEN, JENNIFER
Address: 722 S.W. LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: SEC () Delete
Name: SPARKMAN, BETH
Address: 722 S.W. LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR () Delete
Name: MURPHY, PATRICIA O
Address: 722 S.W. LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR () Delete
Name: HENGHOLD, JUDITH C
Address: 722 S.W. LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change () Addition
Name: MADDEN, JENNIFER
Address: 571 NW MONICA STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: SEC (X) Change () Addition
Name: SPARKMAN, BETH
Address: 2309 TRENTON CIRCLE
City-St-Zip: HUNTSVILLE, AL 35803 US

Title: DIR (X) Change () Addition
Name: MURPHY, PATRICIA O
Address: 212 NW ZANZIBAR PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: JUDITH C. HENGHOLD

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date