

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jan 23, 2009  
Secretary of State**

DOCUMENT# P08000039792

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

**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: 571 NW MONICA STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

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

Title: DIR ( ) Delete  
Name: MURPHY, PATRICIA O  
Address: 212 NW ZANZIBAR PLACE  
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: ( ) 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: JUDITH C HENGHOLD

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date