2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# P08000048358

Entity Name: JAX HOME CONNECTION, INC.

Current Principal Place of Business:

3107 SPRING GLEN ROAD
SUITE 203
JACKSONVILLE, FL 32207

New Principal Place of Business:

3107 SPRING GLEN ROAD
203
JACKSONVILLE, FL 32223

Current Mailing Address:

P O BOX 5459
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICKERS, DAVID
3107 SPRING GLEN ROAD
SUITE 203
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VICKERS, DAVID W
Address: 3107 SPRING GLEN RD., STE. 203
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Delete
Name: PROVENCAL, LARRY M
Address: 1232 WILD TURKEY CT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID W VICKERS PD 08/19/2009

Electronic Signature of Signing Officer or Director — Date