## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000070461

Title:

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113 QUEEN CATHERINA CT.

FORT PIERCE, FL 34949 US

LOTT, JAMES F JR.

Entity Name: J AND F SOUTH FLORIDA INVESTMENTS INC.

FILED Mar 26, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Plac	New Principal Place of Business:	
113 QUEEN CATHERINA CT. FORT PIERCE, FL 34949 US			7320 SOUTH US HV PORT ST LUCIE, FL		
Current Ma	ailing Address	:	New Mailing Addre	New Mailing Address:	
113 QUEEN CATHERINA CT. FORT PIERCE, FL 34949 US				113 QUEEN CATHERINA COURT FORT PIERCE, FL 34949	
FEI Number:	26-3096606	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. SUITE A-100 TAMPA, FL 33612 US					
The above in the State		ıbmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () E LOTT, JAMES F 113 QUEEN CATI FORT PIERCE, F	HERINA CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () E LOTT, JAMES F 113 QUEEN CATI FORT PIERCE, F	HERINA CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TRES () E LOTT, JAMES F 113 QUEEN CATI FORT PIERCE, F	HERINA CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES F. LOTT PRES 03/26/2009

() Change () Addition