

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39019

FILED
Apr 22, 2009
Secretary of State

Entity Name: J. JEROD AND ASSOCIATES INC.

Current Principal Place of Business:

POST OFFICE BOX 390
BENTON, KY 42025

New Principal Place of Business:

1111 POPLAR STREET
BENTON, KY 42025

Current Mailing Address:

POST OFFICE BOX 390
BENTON, KY 42025

New Mailing Address:

FEI Number: 61-0927322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOY
C/O MANDARIN TRACE APARTMENTS
3960 OLD SUNBEAM RD.
JACKSONVILLE, FL 32217 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: DC () Delete
Name: OWEN, JOE A.
Address: 1111 POPLAR
City-St-Zip: BENTON, KY

Title: DVC () Delete
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY

Title: P () Delete
Name: OWEN, JOE A.
Address: 1111 POPLAR
City-St-Zip: BENTON, KY

Title: VPS () Delete
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY

Title: T () Delete
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: OWEN, JOE A.
Address: 1111 POPLAR
City-St-Zip: BENTON, KY 42025

Title: DVC (X) Change () Addition
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY 42025

Title: P (X) Change () Addition
Name: OWEN, JOE A.
Address: 1111 POPLAR
City-St-Zip: BENTON, KY 42025

Title: VPS (X) Change () Addition
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY 42025

Title: T (X) Change () Addition
Name: GARLAND, PHYLLIS
Address: 1111 POPLAR
City-St-Zip: BENTON, KY 42025

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: JOE A. OWEN

Electronic Signature of Signing Officer or Director

PRES

04/22/2009

_____ Date