

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009559

Entity Name: JAZ CORPORATION

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1857 WELLS RD
216
ORANGE PARK, FL 320738503

New Principal Place of Business:

966 ALPINE RIDGE CT.
ORANGE PARK, FL 32065

Current Mailing Address:

966 ALPINE RIDGE CT
ORANGE PARK, FL 320738503

New Mailing Address:

FEI Number: 59-3292726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORNES, CHARLES D II
966 ALPINE RIDGE CT
ORANGE PARK, FL 32065 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: VDS () Delete
Name: ZORNES, JOYCE ANN
Address: 966 ALPINE RIDGE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: PDT () Delete
Name: ZORNES, CHARLES D
Address: 966 ALPINE RIDGE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: ZORNES, LAURA
Address: 966 ALPINE RIDGE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: GARRISON, JOHN SR
Address: 3677 RED OAK CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: GARRISON, AUDREY
Address: 3677 RED OAK CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

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: CHARLIE ZORNES

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date