2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026097

Entity Name: JARMON'S INC.

FILED May 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7060 BEACH BLVD. 5800 BEACH BLVD.

JACKSONVILLE, FL 32216 203-199

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

7060 BEACH BLVD. 5800 BEACH BLVD

JACKSONVILLE, FL 32216 203-199

JACKSONVILLE, FL 32207

FEI Number: 59-3308080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JARMON, GARY
7060 BEACH BLVD.

JARMON, GARY
5800 BEACH BLVD

JACKSONVILLE, FL 32216 US 203-199
JACKSONVILLE, FL 32207 US

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: 05/12/2009

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: DPT () Delete
Name: JARMON, GARY
Address: 7060 BEACH BLVD.

City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: JARMON, DENISE

Address: 7060 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DPT (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: JARMON, GARY

Address: 5800 BEACH BLVD SUITE 203-199

City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Change () Addition

Name: JARMON, DENISE

Address: 5800 BEACH BLVD SUITE 203-199 City-St-Zip: JACKSONVILLE, FL 32207

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: GARY JARMON DPT 05/12/2009