

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100286

FILED
Apr 14, 2009
Secretary of State

Entity Name: SAN JOSE ENTERPRISES, INC.

Current Principal Place of Business:

6055 YOUNGERMAN CIRCLE
JACKSONVILLE, GA 32244

New Principal Place of Business:

Current Mailing Address:

3201 BURNT HICKORY RD
MARIETTA, GA 30064

New Mailing Address:

6055 YOUNGERMAN CIRCLE
JACKSONVILLE, GA 32244

FEI Number: 59-3420620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRELLA, RALPH A
6001-21 BX 152
ARGYLE FOREST BLVD
JACKSONVILLE, FL 32244 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: PS () Delete
Name: PERRELLA, RALPH A
Address: 3201 BURNT HICKORY ROAD
City-St-Zip: MARIETTA, GA 30064

Title: VP () Delete
Name: PERRELLA, CHRISTOPHER S
Address: 6001-21BX152 ARGYLE FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

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: CHRISTOPHER PERRELLA

VP

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date