

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015064

Entity Name: HOUSE OF JAZZ, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

315 AVENUE A
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

315 AVENUE A
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0737127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALCANTI, GLYNDA
315 AVENUE A
FORT PIERCE, FL 34950 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: D () Delete
Name: LEE, LARRY JR
Address: 2209 SOUTH 25TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: DT () Delete
Name: CAVALCANTI, GLYNDA
Address: 315 AVENUE A
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: MILLER, JOSEPH
Address: 5500 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: DP () Delete
Name: MAYO, BETTYE JO W
Address: 894 S.E. SOLAZ AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: DS () Delete
Name: DEAN, GINA
Address: 1005 KENTUCKY AVE.
City-St-Zip: FORT PIERCE, FL 34950

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: GLYNDA W CAVALCANTI

DT

03/02/2009

Electronic Signature of Signing Officer or Director

Date