2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063051

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE JACKSON-VAUGHANS GROUP, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1325 S. CONGRESS AVE. SUITE202				1325 S. CONGRESS AVE. SUITE 202		
BOYNTON BEACH, FL 33426				BOYNTON BEACH, FL 33426		
Current Mailing Address:				New Mailing Address:		
1325 S. CONGRESS AVE.				1325 S. CONGRESS AVE.		
SUITE 202 BOYNTON BEACH, FL 33426 US				SUITE 202 BOYNTON BEACH, FL 33426 US		
FEI Number:	59-3477558	FEI Number Applied For ()	FEI Number I	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JACKSON, DOROTHEA U 1325 S. CONGRESS AVE. BOYNTON BEACH, FL 33426 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.						
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D JACKSON, DORO 5528 BOYNTON G BOYNTON BEACH	THEA U GARDENS DRIVE	Title: Nam Addr City-	e:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () D JACKSON, ALVIN 5528 BOYNTON G BOYNTON BEACH	B JR GARDENS DRIVE	Title: Nam Addr City-	e:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () D HAMMOND, CARL 5 EAST DRIVE CARMEL, NY 105	_A	Title: Nam Addr City-	e:) Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DOROTHEA U JACKSON PD 04/22/2009

() Delete

TAYLOR-SMITH, DOREEN

4404 SEBASTIAN WAY

ORLANDO, FL 32808

() Change () Addition