2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081969

Entity Name: JAB REAL ESTATE COMPANY

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1025 ANCHORAGE CT 174 W COMSTOCK AVE WINTER PARK, FL 32789

102

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

174 W COMSTOCK AVE 174 W COMSTOCK AVE

WINTER PARK, FL 32789 US WINTER PARK, FL 32789

FEI Number: 59-3477933 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:

HOFMANN, JOHN M A.G.C. CO 200 S. ORANGE AVE., STE. 2300 174 W COMSTOCK AVE

102 ORLANDO, FL 32802 WINTER PARK, FL 32789 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: JOHN M HOFMANN 04/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BURNETT, J. ALBERT HOFMANN, JOHN M Name: Name: 1025 ANCHORAGE CT 174 W COMSTOCK AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

(X) Delete Title: Title: () Change () Addition

Name: BURNETT, NANCY L Name: 1025 ANCHORAGE CT Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

HOFMANN, JOHN M Name: Name: 174 W COMSTOCK AVE STE 102 Address: Address: City-St-Zip: WINTER PARK, FL 32789 US 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.

Ρ SIGNATURE: JOHN M HOFMANN 04/16/2009