# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# P98000092641

**Entity Name:** JET TECH PRODUCTS, INC.

**Current Principal Place of Business:**

97586 PIRATES WAY
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 18192
JACKSONVILLE, FL 322290192

**New Mailing Address:**

**FEI Number: 59-3541116** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PRES ( ) Delete
Name: WATSON, HARVEY K
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: VP ( ) Delete
Name: WATSON, CHRISTOPHER L
Address: 13891 SOFTWIND TRAIL, N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: WATSON, DAVID J
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: TRES ( ) Delete
Name: WATSON, ADRIANNE T
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: DIR ( ) Delete
Name: WATSON, HARVEY K
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: SEC ( ) Delete
Name: WATSON, ADRIANNE T
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

**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:

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: HARVEY K. WATSON PRES 04/19/2009

Electronic Signature of Signing Officer or Director — Date