2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055309

Entity Name: RONALD S. JUNOD COMPANY

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

251 MICKLERS RD 1280A NORTH PONCE DE LEON BLVD ST. AUGISTINE, FL 32080

SAINT AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

P.O. BOX 354514 1280A NORTH PONCE DE LEON BLVD

PALM COAST, FL 32135 SAINT AUGUSTINE, FL 32084

FEI Number: 65-0928246 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:

JUNOD, SUSAN JUNOD, RONALD S 1280A NORTH PONCE DE LEON BLVD 251 MICKLERS RD

ST. AUGISTINE, FL 32080 SAINT AUGUSTINE, FL 32084 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: RONALD S JUNOD 04/05/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

JUNOD, RONALD S Name: Name: JUNOD, RONALD S

1280A NORTH PONCE DE LEON BLVD POB 354514 Address: Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip: SAINT AUGUSTINE, FL 32084

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: RONALD S JUNOD 04/05/2009