2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S33676

City-St-Zip:

City-St-Zip:

Title:

Name: Address: ORLANDO, FL 32809

WILLIAMS, MYRA L

2946 RISSER AVE.

ORLANDO, FL 32812

(X) Delete

FILED Jan 14, 2009 Secretary of State

Entity Name: JENBEC CORPORATION Current Principal Place of Business: New Principal Place of Business: 8951 TRUSSWAY BLVD. ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 8951 TRUSSWAY BLVD. ORLANDO, FL 32824 FEI Number: 59-3055945 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: STEWART, MICHAEL J. 8951 TRUSSWAY BLVD. ORLANDO, FL 32824 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STEWART, HELON G., STEWART, MICHAEL J Name: Name: 7637 BENT BOW TR. 419 HARBOR OAKS POINT DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32809 US Title: Title: () Delete (X) Change () Addition STEWART, PAUL E Name: STEWART, PAUL E Name: 1438 NORTHERN WAY 1438 NORTHERN WAY Address: Address: WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: STEWART, MICHAEL J., WILLIAMS, MYRA L Name: Name: 419 HARBOR OAKS PT DRIVE 2946 RISSER AVENUE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32812 US

() Change () Addition

SIGNATURE: MICHAEL J. STEWART D 01/14/2009