2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32143

GREEN, JAMES E

TAMPA, FL 33619

1911 U.S.HWY 301,SUITE 150

Name:

Address:

City-St-Zip:

Entity Name: JAM MER FLEA CONTROL SYSTEM, INC.

FILED Apr 08, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:		
1911 US H STE 150 TAMPA, F	HWY 301 N L 33619 US	3018 US HWY 301 N STE 100 TAMPA, FL 33619 US		
Current Mailing Address:		New Mailing Address:		
1911 US H STE 150 TAMPA, F	HWY 301 N L 33619 US	3018 US HWY 301 N STE 100 TAMPA, FL 33619 US		
FEI Number:	: 59-3123561 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:		
400 N. ASI	JEFFERY M HLEY DR.,STE.1500 L 33602 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or b	oth,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent Date		
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIREC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete GREEN, JOYCE 1911 US HWY 301 N STE 150 TAMPA, FL 33619	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	STD () Delete HELLMAN, RONNA 1911 US HWY 301 N STE 150 TAMPA, FL 33619	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	V () Delete HELLMAN, MERVIN 1911 U.S. HWY 301,SUITE 150 TAMPA, FL 33619	Title: () Change () Addition Name: Address: City-St-Zip:		
Title:	V () Delete	Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E GREEN V 04/08/2009