

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V43769

Entity Name: JAC-MAU, INC.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

909 SYMPHONY BCH LANE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

10603 GOOLSBY LANE  
RIVERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 59-3127969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LANGELIER, MAURICE  
909 SYMPHONY BCH LANE  
APOLLO BEACH, FL 33572      US

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

LANGELIER, JACQUELINE  
909 SYMPHONY BCH LANE  
APOLLO BEACH, FL 33572      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: JACQUELINE LANGELIER      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LANGELIER, J M  
Address: 909 SYMPHONY BCH LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: S      ( ) Delete  
Name: LANGELIER, JACQUELINE  
Address: 909 SYMPHONY BCH LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: D      ( ) Delete  
Name: LANGELIER, PHILIPPE  
Address: 505 S 56 ST  
City-St-Zip: TAMPA, FL

Title: D      ( ) Delete  
Name: LANGELIER, JOELLE I  
Address: 10603 GOOLSBY LANE  
City-St-Zip: RIVERVIEW, FL 33569

**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:

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: JACQUELINE LANGELIER      S      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date