


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 015 \*\*\*150.00

DOCUMENT # P93000070934

1. Entity Name  
**J.S.V. ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**5661 DIVISION DRIVE**      **12670 NEW BRITTANY**  
**FT. MYERS, FL 33905**      **SUITE 101**  
    **FORT MYERS, FL 33907 US**

**50000662**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #

**John M. Wicker, P.A.**

01082008      Chg-P      CR2E034 (12/06)

City & State      City & State

**P.O. DRAWER 60205**  
    **FORT MYERS, FL 33906**

4. FEI Number      Applied For

**65-0443132**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

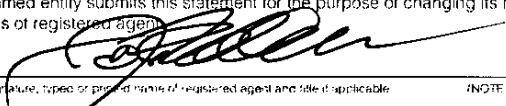
6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR**  
**COSTELLO, SIMS & ROYSTON**  
**12670 NEW BRITTANY BLVD., #101**  
**FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street: **JOHN M. WICKER, P.A.**  
                  **12670 NEW BRITTANY BLVD., STE 101**  
                  **FORT MYERS, FL 33907**  
 City: \_\_\_\_\_      State Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE: **3/18/08**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent Signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>VICKERS, JAMES S</b>	
STREET ADDRESS	<b>5661 DIVISION DRIVE</b>	
CITY- ST- ZIP	<b>FT MYERS, FL 33905</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **James S. Vickers 3-12-08 239 694-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #