

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048679

1. Entity Name
J.A.S.F., INC.



FILED
Aug 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
4424 BAY COURT AVENUE
TAMPA, FL 33611

Mailing Address
4424 BAY COURT AVENUE
TAMPA, FL 33611



08192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIM, CAPRI A
4431 BAY CT AVE
TAMPA, FL 33611

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

FILE NOW!!! FEE IS \$350.00
Due by September 12, 2008

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

U00000958192
08/22/08-80001-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINAN, JOSEPH A
STREET ADDRESS	4424 BAY COURT AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VPTS
NAME	KIM, CAPRI A
STREET ADDRESS	4431 BAY CT AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Joseph A. Finan **Joseph A. FINAN, Pres.** 08-19-08 813-839-5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #