


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 544119</b> 1. Entity Name <b>JASA ENTERPRISES, INC.</b>	
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Principal Place of Business <b>5385 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712</b>	Mailing Address <b>5383 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712</b>
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**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1761108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PENROD, DONNA  
5383 ALCOLA WAY SOUTH  
SAINT PETERSBURG, FL 33712**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANDYKE, JAMES 5383 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PENROD, DONNA 5383 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712
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05/30/07-80061-025 150.00

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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: *Donna M. Penrod* / 5/20/07 / 727 846 1547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #