


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90008 023 \*\*\*158.75

**44000924**



DOCUMENT # F01000006581					
1. Entity Name JASCO ENTERPRISES INC.					
Principal Place of Business 4900 OAK POINTE WAY SARASOTA, FL 34233		Mailing Address 4900 OAK POINTE WAY SARASOTA, FL 34233			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3984318	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JASIONOWSKI, JOSEPH J 4900 OAK POINTE WAY SARASOTA, FL 34233			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip 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: <i>Joseph J. Jasionowski</i>			DATE: 1-9-04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JASIONOWSKI, LILLIAN G		NAME		
STREET ADDRESS	4900 OAK POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JASIONOWSKI, JOSEPH J		NAME		
STREET ADDRESS	4900 OAK POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JASIONOWSKI, JOSEPH S		NAME	VD JASIONOWSKI, JAMES S.	
STREET ADDRESS	5606 SILENT BROOK LANE		STREET ADDRESS	5606 SILENTBROOK LAVE	
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008		CITY-ST-ZIP	ROLLING MEADOWS, ILL. 60008	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JASIONOWSKI, KENNETH P		NAME	VD JASIONOWSKI, KENNETH P	
STREET ADDRESS	1936 N. CAMBRIDGE CT - APT 4A		STREET ADDRESS	2119 WILLIAMSBURG DRIVE	
CITY-ST-ZIP	PALATINE, IL		CITY-ST-ZIP	PALATINE, ILL 60074	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joseph J. Jasionowski</i>			JOSEPH J. JASIONOWSKI 1-9-04 (441) 927-1147		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #