


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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
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01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3984318	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

JASIONOWSKI, JOSEPH J
4900 OAK POINTE WAY
SARASOTA, FL 34233

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JASIONOWSKI, LILLIAN G 4900 OAK POINTE WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JASIONOWSKI, JOSEPH J 4900 OAK POINTE WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JASIONOWSKI, JAMES S 5606 SILENT BROOK LANE ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JASIONOWSKI, KENNETH P 2119 WILLIAMSBURG DRIVE PALATINE, IL 60074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/11/06-80082-004 150.00

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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 J. Jasionowski* JOSEPH J. JASIONOWSKI 1-7-06 841-927-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #