

# 7 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 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



01082007 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 ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	JASIONOWSKI, LILLIAN G
STREET ADDRESS	4900 OAK POINTE WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	STD
NAME	JASIONOWSKI, JOSEPH J
STREET ADDRESS	4900 OAK POINTE WAY
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD
NAME	JASIONOWSKI, JAMES S
STREET ADDRESS	5606 SILENT BROOK LANE
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008
TITLE	VD
NAME	JASIONOWSKI, KENNETH P
STREET ADDRESS	2119 WILLIAMSBURG DRIVE
CITY-ST-ZIP	PALATINE, IL 60074
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 J. Jasionowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

941-927-1147

Daytime Phone #