


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000006581

1. Entity Name
JASCO ENTERPRISES INC.



Principal Place of Business Mailing Address

4900 OAK POINTE WAY **4900 OAK POINTE WAY**
SARASOTA, FL 34233 **SARASOTA, FL 34233**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
36-3984318 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	5608 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	

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01/10/08-80050-007 158.75

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** 1/7/08 941-927-1147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #