


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**


04-05-2007 90138 040 \*\*\*158.75

DOCUMENT # F84611  
 1. Entity Name  
**J & A ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**1451 S MISSOURI**      **1451 S MISSOURI**  
**CLEARWATER, FL 33756**      **CLEARWATER, FL 33756**      **US**      **US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 State, Apt. #, etc.      State, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

40000000-  
  
 04022007      Chg-P      CR2E034 (12/06)  
 4. Fed Number  
**59-2197781**      Approved For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCEVOLA, JOSEPH**  
**1451 S MISSOURI**  
**CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent  
 Name **JAMES KOSLOWSKI**  
 Street Address (P.O. Box number is Not Acceptable) **1451 S. MISSOURI AVE**  
 City **CLEARWATER**      FL      Zip Code **33756**

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: *James Koslowski*      DATE: **4-2-07**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KOSLOWSKI, JAMES R</b>	
STREET ADDRESS	<b>1451 S MISSOURI</b>	
CITY, ST, ZIP	<b>CLEARWATER, FL 33756</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KOSLOWSKI, JEANNETTE</b>	
STREET ADDRESS	<b>1451 S MISSOURI</b>	
CITY, ST, ZIP	<b>CLEARWATER, FL 33756</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information provided 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 or other like empowered.

SIGNATURE: *James Koslowski*      **JAMES KOSLOWSKI**      **4-2-07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR