

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H91671

1. Entity Name
JAZ FORMS, INC.



Principal Place of Business
318 WEST MAIN ST.
NORRISTOWN, PA 19401

Mailing Address
318 WEST MAIN ST.
NORRISTOWN, PA 19401

FILED
Jan 22, 2008 08:00 AM
Secretary of State



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2386970	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRENNER, EILEEN
10835 BOCA WOODS LANE
BOCA RATON, FL 33433

**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 reinstating)

DATE

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	O
NAME	BURD, ZACHARY
STREET ADDRESS	710 HARVARD ROAD
CITY-ST-ZIP	BALA CYNWYD, PA 19004

TITLE	O
NAME	BURD, JOSHUA
STREET ADDRESS	710 HARVARD RD
CITY-ST-ZIP	BALA CYNWYD, PA 19004

TITLE	VP
NAME	PARNES, REVA
STREET ADDRESS	211 BIRCH DRIVE
CITY-ST-ZIP	LAFAYETTE HILL, PA 19444

TITLE	P
NAME	PARNES, GEORGE
STREET ADDRESS	211 BIRCH DR
CITY-ST-ZIP	LAFAYETTE HILL, PA 19444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80045-017 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REVA PARNES - V.P. 1/14/08 610-222-0770