


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # K46233 1. Entity Name JS ENTERPRISES OF ST. PETERSBURG, INC.	
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Principal Place of Business 3910B 31ST STREET NORTH SAINT PETERSBURG, FL 33714 US	Mailing Address P O BOX 60235 ST PETERSBURG, FL 33784 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SAMMARCO, JOSEPH S. 1201 38TH AVENUE NORTH SAINT PETERSBURG, FL 33704
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2917859	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000090818 03/17/04-80034-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAMMARCO, JOSEPH S. 1201-38TH AVE. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SAMMARCO, JENNIFER 1201-38TH AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Sammarco JENNIFER SAMMARCO 1/5/04 727-526-9300

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