2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011752

1. Entity Name
JS RESOURCES, INC.

Principal Place of Business	Mailing Address
844 MARAVAL CT LONGWOOD, FL 32750	844 MARAVAL CT LONGWOOD, FL 32750

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02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0610391

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S ESQ.
600 S ORLANDO AVE STE 301
MAITLAND, FL 32751

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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)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SISLER, JANET
STREET ADDRESS	844 MARAVAL CT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DST
NAME	SISLER, JOYCE
STREET ADDRESS	844 MARAVAL CT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DV
NAME	CREIGHTON, DEBRA
STREET ADDRESS	550 HATTAWAY DR #5
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	BRITTON, JAMES
STREET ADDRESS	24149 ADAIR AVE
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	D
NAME	BOUGHTON, DONALD
STREET ADDRESS	4389 CONROY CLUB DR
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	P
NAME	SISLER, JANET
STREET ADDRESS	844 MARAVAL CT
CITY-ST-ZIP	LONGWOOD, FL 32750

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02/15/08-80092-019 61.25

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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 617, 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: Janet L. Sisler Janet L. Sisler 2/5/08 407-339-9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #