

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011752

FILED
May 05, 2009
Secretary of State

Entity Name: JS RESOURCES, INC.

Current Principal Place of Business:

844 MARAVAL CT
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

844 MARAVAL CT
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 03-0610391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SISLER, JANET
Address: 844 MARAVAL CT
City-St-Zip: LONGWOOD, FL 32750

Title: DST () Delete
Name: SISLER, JOYCE
Address: 844 MARAVAL CT
City-St-Zip: LONGWOOD, FL 32750

Title: DV () Delete
Name: CREIGHTON, DEBRA
Address: 550 HATTAWAY DR #5
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: BRITTON, JAMES
Address: 24149 ADAIR AVE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: BOUGHTON, DONALD
Address: 4389 CONROY CLUB DR
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: SISLER, JANET
Address: 844 MARAVAL CT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET SISLER

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date