2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P00000029645

Entity Name: J S ENTERPRISES SOUTHEAST, INC.

Current Principal Place of Business:

9301 ULMERTON ROAD
SUITE #2
LARGO, FL 33771

New Principal Place of Business:

2101 STARKEY RD # T
SUITE #2
LARGO, FL 33771

Current Mailing Address:

PO BOX 5136
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 59-3642100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACKS, JAMI L
12501 ULMERTON RD
SUITE 17
LARGO, FL 33774 US

Name and Address of New Registered Agent:

SACKS, JAMI L
12959 114 TH AVE N
LARGO, FL 33774 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: JAMI L. SACKS 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SACKS, JAMI L
Address: PO BOX 5136
City-St-Zip: LARGO, FL 33779

Title: P ( ) Delete
Name: AYOUB, JACQULENE
Address: 9301 ULMERTON RD.
City-St-Zip: LARGO, FL 33771

Title: VP ( ) Delete
Name: AYOUB, JACQULENE
Address: 9301 ULMERTON RD
City-St-Zip: LARGO, FL 33771

Title: S ( ) Delete
Name: SACKS, JAMI L
Address: PO BOX 5136
City-St-Zip: LARGO, FL 33779

Title: T ( ) Delete
Name: SACKS, JAMI L
Address: PO BOX 5136
City-St-Zip: LARGO, FL 33779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: AYOUB, JACQULENE
Address: PO BOX 5136
City-St-Zip: LARGO, FL 33779

Title: VP (X) Change ( ) Addition
Name: AYOUB, JACQULENE
Address: PO OX 5136
City-St-Zip: LARGO, FL 33779

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMI L. SACKS SECY 04/30/2008
Electronic Signature of Signing Officer or Director Date