2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029645

Entity Name: J S ENTERPRISES SOUTHEAST, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

PO BOX 5136

LARGO, FL 33779 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SACKS, JAMI L
 MUENZER, SANDRA L

 12959 114 TH AVE N
 12501 ULMERTON RD # 17

 LARGO, FL 33774 US
 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: SANDRA L. MUENZER 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

SACKS, JAMI L

PO BOX 5136

LARGO, FL 33779

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: MUENZER, SANDRA L Address: PO BOX 5136 City-St-Zip: LARGO, FL 33779

 Name:
 AYOUB, JACQULENE
 Name:
 MUENZER, SANDRA L

 Address:
 PO BOX 5136
 Address:
 PO BOX 5136

 City-St-Zip:
 LARGO, FL 33779
 City-St-Zip:
 LARGO, FL 33779

Title: VP () Delete Title: VP (X) Change () Addition Name: AYOUB, JACQULENE Name: MUENZER, SANDRA L

Address: PO OX 5136 Address: PO BOX 5136
City-St-Zip: LARGO, FL 33779 City-St-Zip: LARGO, FL 33779

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SACKS, JAMI L
 Name:
 MUENZER, SANDRA L

 Address:
 PO BOX 5136
 Address:
 PO BOX 5136

 City-St-Zip:
 LARGO, FL 33779
 City-St-Zip:
 LARGO, FL 33779

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SACKS, JAMI L
 Name:
 MUENZER, SANDRA L

 Address:
 PO BOX 5136
 Address:
 PO BOX 5136

 City-St-Zip:
 LARGO, FL 33779
 City-St-Zip:
 LARGO, FL 33779

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: SANDRA L. MUENZER D 03/10/2009