2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000037346

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

J.L. KASS ENTERPRISES, INC.



Principal Place of Business

4725 N HESPERIDAS ST TAMPA, FL 33614 US Mailing Address

4725 N HESPERIDAS ST TAMPA, FL 33614 US

FILED Feb 13, 2007 8:00 am Secretary of State

02-13-2007 90007 029 ***175.00

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DO NOT WRITE IN THIS SPACE

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0.002007		3,12233, (1,1,03)		
4. FEI Number			Applied For	
59-7177	273		Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CD2E034 (11/05)

6. Name and Address of Current Registered Agent -

KASS, JAMES L 3920 SHORE ACRES BLVD. N.E. SAINT PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d affice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	:	·		
TITLE NAME STRÈET ADDRESS CITY-ST-ZIP	P KASS, JAMES L 3920 SHORE ACRES BLVD. N.E. SAINT PETERSBURG, FL 33703	!				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				
TITLE			1			

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 dustee 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 in address, with all other like empowered.

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 (83)389-474-