

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 015 ***150.00

DOCUMENT # P00000103020

1. Entity Name
J.S. SPECIALTY SALES OF FLA, INC.



Principal Place of Business
14218 85TH AVE N
SEMINOLE, FL 33776

Mailing Address
14218 85TH AVE N
SEMINOLE, FL 33776

44049236



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693491

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SFERRASSA, JOSEPH L
14218 85TH AVE N
SEMINOLE, FL 33776

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SFERRAZZA, JOSEPH L
STREET ADDRESS	14218 85TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	DV
NAME	SFERRAZZA, CAROL J
STREET ADDRESS	14218 85TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	PD
NAME	SFERRAZZA, MICHAEL P
STREET ADDRESS	14218 85TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	VSD
NAME	SFERRAZZA, JOSEPH M
STREET ADDRESS	14218 85TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: JOSEPH L. SFERRAZZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

727
460-9051

Attachment

44049236

P00000103020

TO: DIVISION OF CORP.

FROM: JOSEPH L. SFERRAZZA – J. S. SPECIALTY SALES OF FLA. INC. #59-3693491

SUBJECT: ANNUAL REPORT

DEAR, SIR OR MISS

I TALKED TO A AGENT TODAY (7-14-04) AND TOLD HER I DID NOT
RECEIVE A

NOTICE OF THE FILEING OF THE ANNUAL REPORT. SHE STATED , THAT
I SEND THIS LETTER STATING THAT FACT. SHE ASKED THAT I SEND
MY FEE OF 150.00 AND THE LATE FEE WOULD BE WAVED THIS ONE
TIME AND ONLY THIS TIME. I ENCLOSING MY CHECK FOR 150.00
IF THERE IS A PROBLEM , PLEASE GIVE ME A CALL AT 727-460-9051.
THANK YOU FOR YOUR CONSIDERATION ON THIS PROBLEM.

THANK YOU
JOSEPH SFERRAZZA