


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000104417</b>	
1. Entity Name <b>JAS SUPPLY, INC.</b>	
	
Principal Place of Business <b>292 ALTERNATE U.S. HIGHWAY 19, NORTH PALM HARBOR, FL 34683</b>	Mailing Address <b>292 ALTERNATE U.S. HIGHWAY 19, NORTH PALM HARBOR, FL 34683</b>



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3680814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SIDWELL, JAYNE  
292 ALTERNATE U.S. HIGHWAY 19, NORTH  
PALM HARBOR, FL 34683**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIDWELL, JAYNE 2944 LEPRECHAUN LANE PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SIDWELL, THOMAS G 2944 LEPRECHAUN LANE PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000643353  
03/01/07-80083-009-150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-07 785-0066**

Date Daytime Phone #

(727)