

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 016 ***150.00

DOCUMENT # P01000051972

1. Entity Name
JASU INC.



Principal Place of Business
**1282 MELONTREE CT.
GOTHA, FL 34734**

Mailing Address
**PO BOX 714
GROVELAND, FL 34736**

50024635



2. Principal Place of Business
211 Hunt St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02242005 Chg-P CR2E034 (10/03)

City & State
CLERMONT FL
Zip
34711

City & State
Zip
Country

4. FEI Number
01-0603827
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEIVA, JAIME E
1282 MELONTREE CT.
GOTHA, FL 34736**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
211 Hunt St
City
CLERMONT FL Zip Code
34711

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 officer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PT
LEIVA, JAIME A
2618 CRESTVIEW DR
AURORA, IL 60504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
LEIVA, SUSAN M
2618 CRESTVIEW DR
AURORA, IL 60504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAIME A LEIVA
211 HUNT ST
CLERMONT FL 34711** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SUSAN M LEIVA
211 HUNT ST
CLERMONT FL 34711** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #