

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083993

Entity Name: TEAM J.A.S., INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257

New Principal Place of Business:

8493 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

Current Mailing Address:

9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257

New Mailing Address:

8493 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

FEI Number: 59-3738779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFILIPPO, ANDREW P
9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SANFILIPPO, ANDREW P
8493 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 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:

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANFILIPPO, ANDREW P
Address: 7698 HOLLYRIDGE CIR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS () Delete
Name: SANFILIPPO, JUDY A
Address: 7698 HOLLYRIDGE CIR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: BLANKENSHIP, ADRIANA
Address: 5710 BRANDON LAKE CT.
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIANA BLANKENSHIP

VP

01/08/2007

Electronic Signature of Signing Officer or Director

Date