


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00
Secretary of State

DOCUMENT # P02000054458	
1. Entity Name JNSA ENTERPRISES, INC.	

Principal Place of Business 10676 GRANDE BLVD WEST PALM BEACH FL 33412	Mailing Address 10676 GRANDE BLVD WEST PALM BEACH FL 33412
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 04-3666041	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLER, NORMAN 10676 GRANDE BLVD WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Take Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 on an attachment with an address, with all other like empowered.

URE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #