

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056248

Entity Name: JAS CATTLE COMPANY

FILED
May 09, 2009
Secretary of State

Current Principal Place of Business:

1802 CYPRESS CREEK RD.
LUTZ, FL 33559

New Principal Place of Business:

502 FINGER LAKES PLACE
SEFFNER, FL 33584

Current Mailing Address:

1802 CYPRESS CREEK RD.
LUTZ, FL 33559

New Mailing Address:

502 FINGER LAKES PLACE
SEFFNER, FL 33584

FEI Number: 20-0561130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCARPO, JAMES A II
1802 CYPRESS RD.
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

SCARPO, JAMES A II
502 FINGER LAKES PLACE
SEFFNER, FL 33584 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: JAMES A. SCARPO II

05/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCARPO, JAMES A II
Address: 1802 CYPRESS CREEK RD.
City-St-Zip: LUTZ, FL 33559

Title: PSD () Delete
Name: SCARPO, SYLVIA J
Address: 1802 CYPRESS CREEK RD.
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCARPO, JAMES A II
Address: 502 FINGER LAKES PLACE
City-St-Zip: SEFFNER, FL 33584

Title: PSD (X) Change () Addition
Name: SCARPO, SYLVIA J
Address: 502 FINGER LAKES PLACE
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A. SCARPO II

TR

05/09/2009

Electronic Signature of Signing Officer or Director

Date