


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000122730</b>		
1. Entity Name JSM HOUSING, INC.		
Principal Place of Business 531 MAIN STREET SUITE J SAFETY HARBOR, FL 34695 US	Mailing Address 531 MAIN STREET SUITE J SAFETY HARBOR, FL 34695 US	



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1856729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROBERT F. DIMARCO, CPA 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000865065 04/07/08-80013-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN, MASCITELLI 109 TIMBER CIRCLE SAFETY HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASCITELLI, MARGARET 109 TIMBER CIR SAFETY HARBOR, FL 34695
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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: *Margaret Mascitelli* MARGARET MASCITELLI 3/17/08 727-723-8408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #