

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000026517

1. Entity Name
JSA ENTERPRISE, INC.



**FILED
Mar 19, 2005 08:00 AM
Secretary of State**

Principal Place of Business
11806 OCEANSIDE DR.
PORT RICHEY, FL 34668

Mailing Address

11806 OCEANSIDE DR.
PORT RICHEY, FL 34668



03162005 No Chg-P CR2E034 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 57-1191755 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATWOOD, JAMES N
11806 OCEANSIDE DR.
PORT RICHEY, FL 34668

**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 file 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: PTD
NAME: ATWOOD, JAMES N
STREET ADDRESS: 11806 OCEANSIDE DR.
CITY-ST-ZIP: PORT RICHEY, FL 34668

TITLE: VD
NAME: ATWOOD, SHARON D
STREET ADDRESS: 11806 OCEANSIDE DR.
CITY-ST-ZIP: PORT RICHEY, FL 34668

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
0000000270360
03/21/05-60004-000 159.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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

JAMES N. ATWOOD

March 16, 2005

Date

Daytime Phone #

727-861-0906