

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P03000026517

1. Entity Name  
JSA ENTERPRISE, INC.



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)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1191755

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**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 title if applicable

(NOTE: Registered Agent signature required when reinitialing)

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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PTD<br>ATWOOD, JAMES N<br>11806 OCEANSIDE DR.<br>PORT RICHEY, FL 34668 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VD<br>ATWOOD, SHARON D<br>11806 OCEANSIDE DR.<br>PORT RICHEY, FL 34668 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |

000000270360  
03/21/05-80004-006 158.75

**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

Date

Day/Mo/Yr

JAMES N. ATWOOD

March 16, 2005

727-861-0906