

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099172

Entity Name: J STAR CONSULTING, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

920 FAVER DYKES ROAD  
ST. AUGUSTINE, FL 32086

## **New Principal Place of Business:**

## **Current Mailing Address:**

920 FAVER DYKES ROAD  
ST. AUGUSTINE, FL 32086

## **New Mailing Address:**

FEI Number: 57-1187049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LEON, LISA M  
LEON LAW OFFICE, P.A.  
5095 MARINE STREET  
ST. AUGUSTINE, FL 32086 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WATSON, NILA I PRES  
Address: 920 FAVER DYKES ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: CEO  
Name: WATSON, JIMMY R CEO  
Address: 920 FAVER DYKES ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: NILA I WATSON

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date