

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 045 ***150.00

DOCUMENT # P04000081794

1. Entity Name
JASS & SONS, INCORPORATED



Principal Place of Business

**956 20TH STREET
101
VERO BEACH, FL 32960**

Mailing Address

**956 20TH STREET
SUITE 101
VERO BEACH, FL 32960**

40018480



2. Principal Place of Business - No P.O. Box #

3333 20 STREET

3. Mailing Address

3333 20 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number
20-1155662

Applied For
Not Applicable

Zip

32960

Country

Zip

32960

Country

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

6. Name and Address of Current Registered Agent

**WETHERALD, VIRGINIA M
956 20TH STREET
SUITE 101
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3333 20 STREET

City

VERO BEACH

FL

Zip Code

32960

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P.** ☐ Delete
NAME **WETHERALD, VIRGINIA M**
STREET ADDRESS **956 20TH STREET, SUITE 101 3333 20 STR.**
CITY-ST-ZIP **VERO BEACH, FL 32960**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Virginia M. Wetherald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 *772-978-1292*
Date Daytime Phone #