

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000125995

1. Entity Name
A-1 J.P.S. ENTERPRISES, INC.



FILED
Jun 13, 2008 08:00 AM
Secretary of State

Principal Place of Business
13680 MOUNT PLEASANT ROAD
JACKSONVILLE, FL 32225

Mailing Address
13680 MOUNT PLEASANT ROAD
JACKSONVILLE, FL 32225



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5649357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEHRINGER, JAMES P
13680 MOUNT PLEASANT ROAD
JACKSONVILLE, FL 32225

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	SEHRINGER, JAMES P
STREET ADDRESS	13680 MOUNT PLEASANT ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	SEHRINGER, SANDRA
STREET ADDRESS	13680 MOUNT PLEASANT RD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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

Daytime Phone #