

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000090532

1. Entity Name
JASEC, INC.



Principal Place of Business
72 S DIXIE HWY
ST AUGUSTINE, FL 32095

Mailing Address
72 S DIXIE HWY
ST AUGUSTINE, FL 32095

FILED
Apr 30, 2004 08:00 AM
Secretary of State



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3284365
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLANT, CHRISTINE T
72 S DIXIE HWY
ST AUGUSTINE, FL 32034

**DO NOT WRITE
IN THIS SPACE**

3. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000143336
04/30/04-80089-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PLANT, CHRISTINE T
STREET ADDRESS	72 S DIXIE HWY
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

4/28/04
Date

804-824-6575
Daytime Phone #