

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/1 **FILED**
Mar 13, 2008 8:00 am
Secretary of State

02-12-2008 90019 044 ***150.00
 03-13-2008 90028 016 ***150.00

DOCUMENT # P95000090124

1. Entity Name
JSP CONCESSIONS, INC.



Principal Place of Business Mailing Address
P.O. BOX 303 **P.O. BOX 303**
MYAKKA CITY, FL 34251 **MYAKKA CITY, FL 34251**

40044261



01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0630030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, JOHN H
1674 UNIVERSITY PARKWAY, #336
SARASOTA, FL 34243

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PAGES, JOSE SR. 9917 WACHULA ROAD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGES, SABINA 9917 WACHULA ROAD MYAKKA CITY, FL 34251
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 807, 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: *Jose Pages Sabina Pages* *3/8/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #