

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001616

FILED
Apr 25, 2007
Secretary of State

Entity Name: JSS PROPERTY PROFESSIONALS, INC.

Current Principal Place of Business:

10640 47TH STREET NORTH
CLEARWATER, FL 33716

New Principal Place of Business:

Current Mailing Address:

10640 47TH STREET NORTH
CLEARWATER, FL 33716

New Mailing Address:

FEI Number: 59-3353052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, SCOTT J
1675 SUNNYBROOKE LANE
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SUAREZ, SCOTT J MR
Address: 1675 SUNNYBROOKE LANE
City-St-Zip: CLEARWATER, FL 34624 US

Title: SEC () Delete
Name: SUAREZ, RHONDA L MRS
Address: 1675 SUNNYBROOKE LANE
City-St-Zip: CLEARWATER, FL 34624 US

Title: VP () Delete
Name: BELLWOOD, TERRY MR
Address: 3924 HIGH BLUFF DR.
City-St-Zip: LARGO, FL 33770 US

Title: VP (X) Delete
Name: SCJARRETTA, RONALD P MR
Address: 3226 8TH AVE S.
City-St-Zip: LARGO, FL 33770 US

Title: VP () Delete
Name: MAGNANI, INGRID S MS
Address: 20007 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BELLWOOD, TERRY MR
Address: 11035 52ND AVENUE N
City-St-Zip: ST PETERSBURG, FL 33708 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: INGRID SHAWN MAGNANI

VP

04/25/2007

Electronic Signature of Signing Officer or Director

Date