

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000063109

1. Entity Name
JAS HOLDINGS CORPORATION



Principal Place of Business
**19 NW 4TH ST., STE. 200
EVANSVILLE, IN 47708**

Mailing Address
**19 NW 4TH ST., STE. 200
EVANSVILLE, IN 47708**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2330924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, WILLIAM L
4001 TAMiami TRAIL NORTH
SUITE 250
NAPLES, FL 34103**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DAVIDSON, WAYNE A
STREET ADDRESS	19 NW 4TH ST., STE. 200
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	V
NAME	DAVIDSON, D SCOTT
STREET ADDRESS	12000 CONWAY ROAD
CITY-ST-ZIP	CREVE COEUR, MO 63131
TITLE	S
NAME	DAVIDSON, JILL
STREET ADDRESS	12000 CONWAY ROAD
CITY-ST-ZIP	CREVE COEUR, MO 63131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80001-023 150.00

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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: Wayne A. Davidson **Wayne A. Davidson** **239-434-7550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #