

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000067627

1. Entity Name  
JASCORP OF SOUTHWEST FLORIDA, INC.



Principal Place of Business  
281 N BARFIELD DR  
MARCO ISLAND, FL 34145 US

Mailing Address  
281 N BARFIELD DR  
MARCO ISLAND, FL 34145 US

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0775715

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNSON, SANDRA R.  
281 N BARFIELD DR.  
MARCO ISLAND, FL 34145

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	JOHNSON, SANDRA R.
STREET ADDRESS	281 N BARFIELD DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	JOHNSON, JAMES K.
STREET ADDRESS	281 N BARFIELD DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000038600  
02/06/04-80144-018 150.00

**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:

*Sandra R. Johnson* SANDRA R. JOHNSON

2/3/04 239642 0015