

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067955

1. Entity Name

JPS STARBOARD TACK, INC.



Principal Place of Business

2076 CAVALLA ROAD
VERO BEACH FL 32963

Mailing Address

2076 CAVALLA ROAD
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0782184**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAZZULLA, JOSEPH
2076 CAVALLA ROAD
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS JOSEPH P. STRAZZULLA
CITY-ST-ZIP 2076 CAVALLA RD.
VERO BCH. FL 32963

TITLE ☐ Delete
NAME T
STREET ADDRESS FRANK STRAZZULLA
CITY-ST-ZIP 4504 REDWOOD DR.
FT. PIERCE FL 34951

TITLE ☐ Delete
NAME SVP
STREET ADDRESS PHILLIP P. STRAZZULLA
CITY-ST-ZIP 4102 SABAL PALM DR.
VERO BCH. FL 32963

TITLE ☐ Delete
NAME AVP
STREET ADDRESS GODFREY ROCKEFELLER
CITY-ST-ZIP 41 BASKIN RD.
LEXINGTON MA 02173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1100000042345
CITY-ST-ZIP 02/10/04-80020-011 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empower.

SIGNATURE: *Joseph P. Strazzulla* **PRRS** **FEB 6, 2004** **772-461-5200**
772-231-6406