


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000041167		
1. Entity Name J.S. FAMILY HOLDINGS, INC.		
Principal Place of Business 1550 AVENUE C RIVIERA BEACH, FL 33404		Mailing Address 1550 AVENUE C RIVIERA BEACH, FL 33404
DO NOT WRITE IN THIS SPACE		
		01052007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0842878
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STRAUB, GERARD D C/O JS FAMILY HOLDINGS 1550 AVENUE C RIVIERA BEACH, FL 33404		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	DP HEALEY, ROBERT T C/O VIKING YACHT CO., RTE 9 NEW GRETN, NJ 08224	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HEALEY, WILLIAM J C/O VIKING YACHT COMPANY, RTE 9 NEW GRETN, NJ 08224	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HEALEY, PATRICK J C/O VIKING YACHT COMPANY, RTE 9 NEW GRETN, NJ 08224	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CARROLL, THOMAS S C/O VIKING YACHT COMPANY RTE 9 NEW GRETN, NJ 08224	
TITLE NAME STREET ADDRESS CITY ST ZIP	D STRAUB, GERARD D C/O VIKING YACHT COMPANY RTE 9 NEW GRETN, NJ 08224	
TITLE NAME STREET ADDRESS CITY ST ZIP		
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____