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# FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 26, 2007 08:00 A  
Secretary of State

DOCUMENT # P99000008786

1. Entity Name  
JSG REALTY CORPORATION



Principal Place of Business  
11482 VICTORIA CIR.  
BOYNTON BEACH, FL 33065

Mailing Address  
11482 VICTORIA CIR.  
BOYNTON BEACH, FL 33065



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0895852

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000649977  
03/07/07-80071-025 150.00

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME GERSON, JEROME  
STREET ADDRESS 11482 VICTORIA CIRCLE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S  
NAME GERSON, SELMA C  
STREET ADDRESS 11482 VICTORIA CIRCLE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *J. R. Gerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME R GERSON

Date

Daytime Phone #

2-23 561  
733 9076