

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 037 \*\*\*150.00

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<b>DOCUMENT # P99000074301</b> 1. Entity Name <b>JAS JOS, INC.</b>			
Principal Place of Business <b>4438 FRIAR TUCK LANE</b> <b>SARASOTA, FL 34232-2617</b>		Mailing Address <b>4438 FRIAR TUCK LANE</b> <b>SARASOTA, FL 34232-2617</b>	
2. Principal Place of Business <b>5640 MYAKKA</b> Suite, Apt. #, Bl. <b>Valley Trl</b>		3. Mailing Address <b>5640 MYAKKA Valley Trl</b> Suite, Apt. #, etc.	
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>	
Zip <b>34241-9756</b>		Country <b>Sarasota</b>	
4. FEI Number <b>65-0942928</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>D'ALCONZO, JOSEPH A</b> <b>4438 FRIAR TUCK LANE</b> <b>SARASOTA, FL 34232-2617</b> <b>5640 Myakka Valley Trl</b> <b>Sarasota FL 34241</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5640 MYAKKA Valley Trl</b> City, State, Zip Code <b>Sarasota FL 34241-9756</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALCONZO, JOSEPH A 4438 FRIAR TUCK LANE SARASOTA, FL 34232-2617 <b>5640 Myakka Valley Trl</b> <b>34241-9756</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/26/04</b> <b>4941 927-4422</b> <small>Daytime Phone #</small>	