

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P99000074301**

1. Entity Name  
**JAS JOS, INC.**



**14013964**

Principal Place of Business  
**4438 FRIAR TUCK LANE**  
**SARASOTA, FL 34232-2617**

Mailing Address  
**4438 FRIAR TUCK LANE**  
**SARASOTA, FL 34232-2617**



2. Principal Place of Business  
**5640 MYAKKA**  
 Suite, Apt. #, Bl. **Valley Trl**

3. Mailing Address  
**5640 MYAKKA Valley Trl**  
 Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State **Sarasota FL**

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4. FEI Number  
**65-0942928**

Applied For  
 Not Applicable

Zip **34241-9758** Country **Sarasota**

Zip **34241-9756** Country **Sarasota**

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

6. Name and Address of Current Registered Agent

**D'ALCONZO, JOSEPH A**  
**4438 FRIAR TUCK LANE**  
**SARASOTA, FL 34232-2617**  
**5640 Myakka Valley Trl**  
**Sarasota FL 34241**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5640 MYAKKA Valley Trl**

City **Sarasota** **FL** Zip Code **34241-9756**

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 \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>D'ALCONZO, JOSPEH A</b> <b>4438 FRIAR TUCK LANE</b> <b>SARASOTA, FL 34232-2617</b> <i>34241-9756</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>5640 Myakka Valley Trl</b>   
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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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: *Joseph A. D'Alconzo* **A 4/26/04** **(941) 927-4426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #