

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90035 007 ***150.00

DOCUMENT # P04000052363

1. Entity Name
JANKOWSKI & ASSOCIATES, INC.



Principal Place of Business
**1137 CABOT ST
PORT CHARLOTTE, FL 33953**

Mailing Address
**1137 CABOT ST
PORT CHARLOTTE, FL 33953**

50003994



01062005 Chg-P CR2E034 (10/03)

4. FEI Number
33-1091031 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JANKOWSKI, JOSEPH J SR
1137 CABOT ST
PORT CHARLOTTE, FL 33953**

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JANKOWSKI, JOHN B	
STREET ADDRESS	4524 CRANBERRY BLVD	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANKOWSKI, MICHAEL A	
STREET ADDRESS	4454 HANSARD AVE	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JANKOWSKI, JAMES VINCENT	
STREET ADDRESS	1137 CABOT ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-05 815 8518