


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000095472
 1. Entity Name
JANSON INVEST, INC.



Principal Place of Business Mailing Address
333 17TH ST **PO BOX 971**
SUITE U **VERO BEACH, FL 32960**
VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0795126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCHUGH, JOHN J JR
333 17TH ST., STE. U
VERO BEACH, FL 32960

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANSON, A
STREET ADDRESS	333 17TH STREET SUITE U
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	MCHUGH, JOHN J JR
STREET ADDRESS	333 17TH STREET SUITE U
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/17/06 00028-005 150.00

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: _____ **DATE:** **2-29-06** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR