


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90128 037 ***150.00

DOCUMENT # P99000074019

1. Entity Name
JANNUS BISHOP GROUP, INC.



Principal Place of Business Mailing Address
3637 4TH STREET NORTH, SUITE 230 **3637 - 4TH STREET NORTH, SUITE 230**
ST. PETERSBURG, FL 33704 **ST. PETERSBURG, FL 33704**

bb443300



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04292004 Chg-P CR2B034 (10/03)

4. FEI Number
59-3599271 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WALTER E
1301 - 4TH STREET NORTH
ST. PETERSBURG, FL 33701

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODZIAK, JOHN A JR.	
STREET ADDRESS	3637 - 4TH STREET NORTH, SUITE 230	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, J. RONALD	
STREET ADDRESS	3637 - 4TH STREET NORTH, SUITE 230	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUDEBOOZAK, JOH	
STREET ADDRESS	215 NNA ST AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amico, Anthony N.	
STREET ADDRESS	16805 U.S. Hwy 19 N	
CITY-ST-ZIP	Clearwater, FL 33764	PPFS
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Badziak, John Claude	
STREET ADDRESS	215 Nina St, NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	V. PMS
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		
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, without other like empowerment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **05/13/04** Phone: **727-896-2710**