2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR	<u> </u>		,	_	FILE	D		
DOCUMENT # V65817 1. Entity Name						Mar 17, 2005 08:00 AM Secretary of State				
JAN LEE	, INC.					Seci	i Clai y	UI St	ait	
Principal Pla	ce of Business	Mailing Address		20.11	}				_	
7361 46TH AVE NORTH 7361 46TH AVE NORTH ST PETERSBURG FL 33709 ST PETERSBURG FL 33										
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Principal Place of Business 3. Mailing Address			··· ·							
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)						
City & State		City & State			4. FEI Numi	^{oer} 59-31733	94		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of Nev				
BENEDICT, CONNIE				10						
736	PETERSBURG FL 33709		Stree	et Address ((P.O. Box Number is Not Acceptable)					
51	PETERSBURG PL 33709									
Ì			City				FL	Zip Coc	ie	
8. The above the obliga	e named entity submits this statement for trions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or b	oth, in the State of	Florida, I am	familiar with	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E Registered Agent si	gnature required	when reinstating)	1	DATE			
After	FILE NOW!!! FEE IS \$150.00 - May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	State				9. Election Can Trust Fund C			.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
THILE NAME	PD BENEDICT, CONNIE	☐ Delete	TUTU E NAME					☐ Change	Addition	
STREET ADDRESS	7361 46TH AVE NORTH		STREET ADDRE	£s }		U00000 03/17/05-	262883	~~ .~-		
CITY-ST ZIP	ST PETERSBURG FL.	Flaut	CHY-\$1-ZIP			03/11/05~	80007-0			
NAME	BENEDIT, CONNIE	☐ Delete	INLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7361 46TH AVENUE		STREET ADDRE	\$5						
HTLE	ST, PETERSBURG FL	☐ Delete	CITY ST ZIP			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	BINGHAM, KIMBERLY G	2 5000	NAME					டு வள்கு	E_I Addition	
STREET ADDRESS City-St-Zip	2134 4TH AVE N. ST PETERSBURG FL		STREET ADDRES	25						
TITLE	VP	Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	CLEMSON, LARRY 7361 46TH AVE N		NAME STREET ADDRES	:						
CITY-ST ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP	33						
TITLE		Delete	THILE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	25						
CITY-ST ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	ss						
CITY-ST-7IP		<u> </u>	CITY-ST-ZIP							
12. Thereby	certify that the information supplied with	this filing does not qualify for	the exemption	stated in Sec	tion 119 07/31	(i) Florida Statuto	e I further cert	ifuthat that	oformation	

12. I hereby certify that the information supplied with this filling 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 TYPES OF PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

Date

Date