

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90011 034 ***150.00

DOCUMENT # 314303

1. Entity Name

ART JANES INSURANCE, INC.



Principal Place of Business

815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER FL 33573
US

Mailing Address

815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER FL 33573
US



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-1204488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANES, ARTHUR T
~~703 FOX HILLS DRIVE~~
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1938 WOLF LAUREL DRIVE

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANES, ARTHUR T. 1938 WOLF LAUREL DRIVE SUN CITY CENTER FL 33573	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JANES, ARTHUR W 815 B CYPRESS VILLAGE BLVD. SUN CITY CENTER FL 33573	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANES, REBECCA 815 B CYPRESS VILLAGE BLVD SUN CITY CENTER FL 33573	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *A.T. Janes* A.T. JANES

3-7-06 813-634-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #