

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 314303

FILED  
Mar 22, 2010  
Secretary of State

Entity Name: ART JANES INSURANCE, INC.

**Current Principal Place of Business:**

815 B CYPRESS VILLAGE BLVD.  
SUNCITY CENTER, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 B CYPRESS VILLAGE BLVD.  
SUNCITY CENTER, FL 33573 US

**New Mailing Address:**

FEI Number: 59-1204488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANES,ARTHUR T  
1938 WOLF LAUREL DR  
SUN CITY CENTER, FL 33573 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JANES,ARTHUR T  
Address: 1938 WOLF LAUREL DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VS  
Name: JANES, ARTHUR W  
Address: 815 B CYPRESS VILLAGE BLVD.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: LEONARD, REBECCA  
Address: 815 B CYPRESS VILLAGE BLVD  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR T. JANES

PRES

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date