# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F01000000790**

1. Entity Name
JANA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9600 DATAPOINT DR.<br>SAN ANTONIO, TX 78229 | 9600 DATAPOINT DR.<br>SAN ANTONIO, TX 78229 |

## DO NOT WRITE IN THIS SPACE

07052005    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 74-1768380 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

JORCZAK, MARIE
8108 SW 103 AVE
MIAMI, FL 33173

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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_____
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**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐    **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

### 10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | NILAND, EDWARD A |
| STREET ADDRESS | 9600 DATAPOINT DR. |
| CITY-ST-ZIP | SAN ANTONIO, TX |
| TITLE | VSD |
| NAME | MARSHALL, M. JAN |
| STREET ADDRESS | 9600 DATAPOINT DR. |
| CITY-ST-ZIP | SAN ANTONIO, TX |
| TITLE | CD |
| NAME | NILAND, EVELYN A |
| STREET ADDRESS | 9600 DATAPOINT DR. |
| CITY-ST-ZIP | SAN ANTONIO, TX 78229 |
| 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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07/15/05-8000 7-005 150.00

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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, with all other like empowered.

SIGNATURE: _____    7-05-05    210 616 0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #