## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # F05000005577** R J JANS, INCORPORATED Principal Place of Business Mailing Address 5100 GLENN DRIVE 5100 GLENN DRIVE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0489370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAYMOND, STUART DO NOT WRITE 5100 GLENN DRIVE NEW PORT RICHEY, FL 34652 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RAYMOND, STUART STREET ADDRESS 5100 GLENN DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: \(\)

NAME STREET ADDRESS CITY-SY-ZIP