

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F49667</b>	
1. Entity Name <b>JANSING, INC.</b>	
Principal Place of Business <b>9054 GLADES RD. BOCA RATON, FL 33434</b>	Mailing Address <b>9054 GLADES RD. BOCA RATON, FL 33434 US</b>



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2135712</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**SINGER, HAROLD  
5881 COLONY COURT  
BOCA RATON, FL 33433**

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 renoting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

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	P SINGER, HAROLD 5881 COLONY COUR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, AUDREE 5881 COLONY CT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINGER, MICHAEL 5366 MONTROSE DRIVE DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINGER, DAVID 6628 OLIVER AVE SOUTH MOOREHEAD, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SINGER-MARX, LAURIE 215 LEPOINT CIR BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, JANE 3718 BRYANT AVE. S. #203 MINNEAPOLIS, MN 55409

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/05 561 482 7688**  
Date Daytime Phone #