

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90076 045 ***150.00

DOCUMENT # F99000002694

1. Entity Name
JANPAK, INC.



Principal Place of Business
**77804 WESTSIDE INDUSTRIAL DR.
JACKSONVILLE, FL 32219**

Mailing Address
**P.O. BOX 130
BLUEFIELD, WV 24701**

40107000



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0330291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

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	CE SHOTT, JOHN C P.O. BOX 130 BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SHOTT, MICHAEL R P.O. BOX 130 BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO FEEHELEY, TIMOTHY J P.O. BOX 130 BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO REEF, THOMAS W P.O. BOX 130 BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CONRAD, MICHAEL R P.O. BOX 130 BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HOUSEHOLDER, CHRISTOPHER A P.O. BOX 130 BLUEFIELD, WV 24701

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFD

5-1-07

Date

(304) 325-8169

Daytime Phone #