2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # G43997 1. Entity Name 04-02-2004 90049 039 ***150.00 JAN AND JEAN INC. Principal Place of Business Mailing Address 1010 E. SHELL POINT ROAD **PO BOX 188** RUSKIN FL 33570 RUSKIN FL 33570 2. Principal Place of Business Mailing Address P.O. Box 188 Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State 4. FEI Number ity & State Applied For 59-2365440 FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONATI, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1010 E. SHELL POINT ROAD RUSKIN FL 33570 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE TITLE ☐ Change □ Defete Addition DONATI, RICHARD L NAME NAME STREET ADDRESS 8911 EAGLE WATCH DR STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL CITY-ST-ZIP **VDT** ☐ Detete DIDE ☐ Change ☐ Addition DONATI, JANICE L NAME STREET ADDRESS 8911 EAGLE WATCH DR STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME LAURIENZO, FRANK A 'NAME STREET ADDRESS 1509 S. CAROLINA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TiTt F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

KICHARD LONATI

SIGNATURE:

FILED