

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17861

FILED
Jan 05, 2008
Secretary of State

Entity Name: JANCEWICZ ENTERPRISES, INC.

Current Principal Place of Business:

C/O RICHARD D. JANCEWICZ
56 LAKE VIEW DRIVE WEST
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD D. JANCEWICZ
56 LAKE VIEW DRIVE WEST
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-2433265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANCEWICZ, RICHARD D.
56 LAKE VIEW DRIVE WEST
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JANCEWICZ, RICHARD D, .
Address: 56 LAKE VIEW DRIVE WEST
City-St-Zip: OCALA, FL 34482

Title: STD () Delete
Name: JANCEWICZ, GRACE A.,
Address: 56 LAKE VIEW DRIVE WEST
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. JANCEWICZ

PD

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date