

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H17861

1. Entity Name
JANCEWICZ ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 11 AM 9:25

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2433265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD *ST*
NAME JANCEWICZ, RICHARD D.
STREET ADDRESS 56 LAKE VIEW DRIVE WEST
CITY-ST-ZIP Ocala, FL 34482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME JANCEWICZ, GRACE A.
STREET ADDRESS 56 LAKE VIEW DRIVE WEST
CITY-ST-ZIP Ocala, FL 34482 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900135962009
09/16/08--01016--010 ***70.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition
B 9/12/08

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

Date

Daytime Phone #

Richard D. Jancewicz 9-8-08 352-873-6817