

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17861

**FILED**  
**Apr 13, 2009**  
**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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date