


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90072 004 ***150.00

DOCUMENT # H38034

1. Entity Name
JENEET INVESTMENT AND CONSULTING, INC.



Principal Place of Business Mailing Address
53 LAKE ST **53 LAKE ST**
SHERBORN, MA 01770 US **SHERBORN, MA 01770 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
390 N.E. EDGEWATER DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
RIVER VILLAGE, APT 1-101

City & State City & State
STUART FLORIDA

Zip Country Zip Country
34994 **USA**

03222007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2487945

Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, TIMOTHY
390 N.E. EDGEWATER DR
RIVER VILLAGE, APT 1-101, IRP
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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	V	<input type="checkbox"/> Delete
NAME	WALSH, TIMOTHY .	
STREET ADDRESS	17 CLYDE ST.	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALSH, EDWARD D.	
STREET ADDRESS	17 CLYDE ST.	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	WALSH, EILEEN	
STREET ADDRESS	17 CLYDE ST.	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALSH, ERIC	
STREET ADDRESS	17 CLYDE ST.	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	303 KILVERT STREET	
STREET ADDRESS	WARWICK, RHODE ISLAND	
CITY-ST-ZIP	02886	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	303 KILVERT STREET	
STREET ADDRESS	WARWICK, RHODE ISLAND	
CITY-ST-ZIP	02886	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH-FITZ, EILEEN	
STREET ADDRESS	303 KILVERT STREET	
CITY-ST-ZIP	WARWICK, RHODE ISLAND 02886	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	303 KILVERT STREET	
STREET ADDRESS	WARWICK, RHODE ISLAND	
CITY-ST-ZIP	02886	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

Eileen Fitz