


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J64198</b> 1. Entity Name <b>ROBERT A. JANUS COMMERCIAL CONTRACTORS, INC.</b>	
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Principal Place of Business <b>9718 WATERS MEET DRIVE TALLAHASSEE FL 32312</b>	Mailing Address <b>9718 WATERS MEET DRIVE TALLAHASSEE FL 32312</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc	Suite, Apt #, etc	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>59-2791338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WARFEL, TIMOTHY J. 2015 CENTRE POINTE BLVD. TALLAHASSEE FL 32308</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>P</b>  <b>JANUS, ROBERT A.</b>  <b>9718 WATERS MEET DRIVE</b>  <b>TALLAHASSEE FL 32312</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> <b>ST</b>  <b>JANUS, ROSE</b>  <b>9718 WATERS MEET DRIVE</b>  <b>TALLAHASSEE FL 32312</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>P</b> <b>JANUS, ROBERT A.</b> <b>9718 WATERS MEET DRIVE</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete	<b>ST</b> <b>JANUS, ROSE</b> <b>9718 WATERS MEET DRIVE</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert A. Janus* **ROBERT A. JANUS** **APR 3/16/05** **850 668-2623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #