

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90032 012 ***150.00

DOCUMENT # J93909

1. Entity Name:

JANSEN BUILDERS, INC.



Principal Place of Business:

3333 W. RIVIERA COURT
MEQUON WI 53092
US

Mailing Address:

3333 W. RIVIERA COURT
MEQUON WI 53092
US



2. Principal Place of Business - Ho P.O. Box #

3. Mailing Address:

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **39-1593732**

Applied For
Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 or new agent.

SECRET Registered Agent signature required when changing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME: JANSEN, RALPH L
STREET ADDRESS: 3333 W. RIVIERA COURT
CITY-ST-ZIP: MEQUON WI 53092

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

TITLE: D ☐ Delete
NAME: ORENSTEIN, WILLIAM
STREET ADDRESS: 735 NORTH WATER STREET, SUITE 1225
CITY-ST-ZIP: MILWAUKEE WI 53202

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

TITLE: S ☐ Delete
NAME: JANSEN, MARY C
STREET ADDRESS: 3333 WEST RIVIERA COURT
CITY-ST-ZIP: MEQUON WI 53092

TITLE: Assistant Secretary ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Vice Pres. / Secretary ☐ Change ☒ Addition
NAME: Thomas J. Duffy
STREET ADDRESS: 3333 W. Riviera Court
CITY-ST-ZIP: Mequon, Wisconsin 53092

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 Section 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 employees.

SIGNATURE:

Mary Jansen MARY JANSEN ASS'T SECRETARY

1/24/08

262-242-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number