

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 026 ***150.00

DOCUMENT # K62500

1. Entity Name
JANE GROUP, INC.



Principal Place of Business
**332 W. BEARSS AVE.
TAMPA, FL 33613 US**

Mailing Address
**332 W. BEARSS AVE.
TAMPA, FL 33613 US**

24070775



2. Principal Place of Business
5412 7TH STREET

3. Mailing Address
5412 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State
ZEPHYRHILLS FL

City & State
ZEPHYRHILLS FL

4. FEI Number
59-2927125

Applied For
Not Applicable

Zip Country
33542 US

Zip Country
33542 US

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

6. Name and Address of Current Registered Agent

**TEDROW, FRED E.
332 W. BEARSS AVE.
TAMPA, FL 33613**

7. Name and Address of New Registered Agent

Name
FRED E. TEDROW
Street Address (P.O. Box Number is Not Acceptable)
5412 7TH STREET
City
ZEPHYRHILLS FL Zip Code
33542

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 *Fred E. Tedrow* **FRED E. TEDROW**
(NOTE: Registered Agent signature required when reinstating)

4-30-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TEDROW, FRED E.
332 W. BEARSS AVE.
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
TEDROW, NANCY J.
332 W. BEARSS AVE.
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5412 7TH STREET
ZEPHYRHILLS FL 33542** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5412 7TH STREET
ZEPHYRHILLS FL 33542** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Fred E. Tedrow* **FRED E. TEDROW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-265-8335
Daytime Phone #