

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90133 046 \*\*\*150.00

**DOCUMENT # L39784**

1. Entity Name

JADRIANE CORPORATON



Principal Place of Business

C/O WILLIAM KALISH, ESQ.  
100 S. ASHLEY DRIVE, SUITE 1500  
TAMPA FL 33602  
US

Mailing Address

C/O WILLIAM KALISH, ESQ.  
100 S. ASHLEY DRIVE, SUITE 1500  
TAMPA FL 33602  
US



2. Principal Place of Business

C/O NANCY LEWIS

Suite, Apt. #, etc.

4913 New Providence Ave

City & State

Tampa FL

Zip 33629

Country

USA

3. Mailing Address

C/O NANCY LEWIS

Suite, Apt. #, etc.

4913 New Providence Ave

City & State

Tampa FL

Zip 33629

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1357901

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALISH, WILLIAM ESQ.  
100 S. ASHLEY DRIVE  
SUITE 1500  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

NANCY LEWIS

Street Address (P.O. Box Number is Not Acceptable)

4913 New Providence Ave

City

Tampa

FL

Zip Code

33629

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

Nancy Lewis

Nancy Lewis

3/18/06

(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, 2006 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

TITLE DVS ☒ Delete  
NAME KALISH, WILLIAM  
STREET ADDRESS 100 S. ASHLEY DRIVE, SUITE 1500  
CITY-ST-ZIP TAMPA FL 33602

TITLE DP ☐ Delete  
NAME LEWIS, NANCY  
STREET ADDRESS 4913 NEW PROVIDENCE AVE  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 empowered.

SIGNATURE:

Nancy Lewis

3/18/06

(813) 281-0925

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #