


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001929</b> 1. Entity Name JANET AND STANLEY KANE FOUNDATION, INC.	
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Principal Place of Business 539 NORSOTA WAY SARASOTA, FL 34242	Mailing Address 539 NORSOTA WAY SARASOTA, FL 34242
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0405758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL 34242	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD KANE, JANET 539 NORSOTA WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANE-HARTNETT, BETSY 1405 WESTBROOK DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANE-HELLWEG, PRISCILLA 1036 NORTHAMPTON ST HOLYOKE, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANE, KATHERINE 4284 BALLARDS MILL RD FREE UNION, VA 22940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000214171  
02/03/05-80102-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: <u>Stanley B Kane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/12/05</u>	Daytime Phone #: <u>941-906-7200</u>
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