
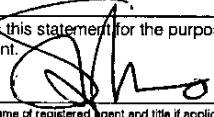
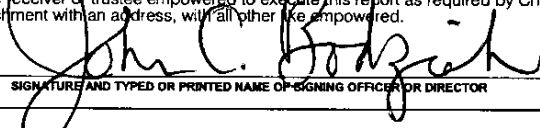


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90052 012 \*\*\*150.00

<b>DOCUMENT # P0000032415</b> 1. Entity Name <b>ST. PETE JANNUS, INC.</b>																											
Principal Place of Business <b>220 1ST AVE N SAINT PETERSBURG, FL 33701</b>		Mailing Address <b>220 1ST AVE N SAINT PETERSBURG, FL 33701</b>																									
2. Principal Place of Business <b>14001-63rd Way N</b> Suite, Apt. #, etc.		3. Mailing Address <b>14001-63rd Way N</b> Suite, Apt. #, etc.																									
City & State <b>Clearwater FL</b> Zip <b>33760</b> Country <b>USA</b>		City & State <b>Clearwater FL</b> Zip <b>33760</b> Country <b>USA</b>																									
4. FEI Number <b>59-3638739</b>		Applied For <input type="checkbox"/> 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 <b>BODZIAK, JOHN C 215 NINA ST NE SAINT PETERSBURG, FL 33704</b>		7. Name and Address of New Registered Agent Name <b>STEVEN MARCIANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>14001-63rd Way North</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33760</b>																									
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  DATE <b>1/16/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BODZIAK, JOHN C</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>215 NINA ST. NE.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>SAINT PETERSBURG, FL 33704</b></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	<b>BODZIAK, JOHN C</b>		STREET ADDRESS	<b>215 NINA ST. NE.</b>		CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33704</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>JOHN C. BODZIAK</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>220-1ST AVENUE NORTH</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>SAINT PETERSBURG, FL 33701</b></td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>JOHN C. BODZIAK</b>		STREET ADDRESS	<b>220-1ST AVENUE NORTH</b>		CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33701</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date <b>1/16/06</b> Daytime Phone # <b>727 896-2279</b>																									