
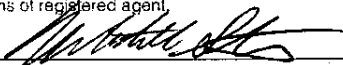


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90087 007 \*\*\*150.00

<b>DOCUMENT # P00000084695</b> 1. Entity Name <b>JAN SAYERS, INC.</b>					
Principal Place of Business 247 SE 45TH TERR CAPE CORAL, FL 33904			Mailing Address 247 SE 45TH TERR CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282004    Chg-P    CR2E034 (10/03)	
4. FEI Number 65-1040663				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOUTHWEST PROFESSIONAL SVS OF FT MYERS, INC</b> <b>13571 MCGREGOR BLVD #22</b> <b>FT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>SOUTHWEST PROFESSIONAL SERVICES OF SO. FL INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>13571 MCGREGOR BLVD # 22</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33919</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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>MITCHELL STEPPING</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3/23/04</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYERS, JAN 247 SE 45TH TERRACE CAPE CORAL, FL 33904		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Janice L. Sayers</b> <b>Janice L Sayers</b> <b>4/12/04</b> <b>239542-1210</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					