

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000039096

***1. Entity Name
JANICE BASILE, INC.**



**Principal Place of Business
413 TRINIDAD DR
SATELLITE BEACH, FL 32937**

**Mailing Address
413 TRINIDAD DR
SATELLITE BEACH, FL 32937**

**FILED
Mar 18, 2004 08:00 AM
Secretary of State**



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713715	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASILE, JANICE A
413 TRINIDAD DR
SATELLITE BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000092113
03/18/04-80036-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BASILE, JANICE A
STREET ADDRESS	413 TRINIDAD DR
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

**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)(f), 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:

Janice A. Basile **Janice A. Basile**

3-2-04

321-537-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #