


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

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
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01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ 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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>BASILE, JANICE A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>413 TRINIDAD DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SATELLITE BEACH, FL 32937</td> </tr> </table>	TITLE	D	NAME	BASILE, JANICE A	STREET ADDRESS	413 TRINIDAD DR	CITY-ST-ZIP	SATELLITE BEACH, FL 32937	<p>U000000201375 01/28/05-80065-009 150.00</p>
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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.

SIGNATURE: Janice Basile, President 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #