

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 035 ***150.00

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1. Entity Name
JANAC CORPORATION



Principal Place of Business
**6103 MARBELLA BLVD
APOLLO BEACH, FL 33572**

Mailing Address
**6103 MARBELLA BLVD
APOLLO BEACH, FL 33572**

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3743751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAFEEZ, JAVED
6103 MARBELLA BLVD
APOLLO BEACH, FL 33572**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAFEEZ, NASEEM J
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	P
NAME	HAFEEZ, JAVED
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	HAFEEZ, ZEESHAN J
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	HAFEEZ, NAUSHERWAN J
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	HAFEEZ, NAUMAAN J.
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	HAFEEZ, IRFAAN J
STREET ADDRESS	6103 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2007

Date

813-634 5502

Daytime Phone #