

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-10-2004 90459 041 ***100.00
06-01-2004 90008 019 ****50.00

DOCUMENT # P02000043928

1. Entity Name
JANNUS LANDING COURTYARD INC.



Principal Place of Business
**220 1ST AVE NORTH
ST. PETERSBURG, FL 33701**

Mailing Address
**220 1ST AVE NORTH
ST. PETERSBURG, FL 33701**



04302004 No Chg-P CR2E034 (10/03)

FEI Number
00-3502040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BODZIAK, JOHN C
215 NINA ST NE
ST. PETERSBURG, FL 33704**

**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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/04

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PV
BODZIAK, JOHN C
215 NINA ST NE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(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, title, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**04/30/04 727-8960-
2276**