


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 032 ***150.00

DOCUMENT # P02000047232 1. Entity Name DORIS JANSSEN ENTERPRISES, INC.																																																																										
Principal Place of Business 25 W HIGHBANKS RD DEBARY, FL 32713			Mailing Address 25 W HIGHBANKS RD DEBARY, FL 32713																																																																							
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>																																																																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																								
City & State 		City & State 																																																																								
Zip 		Country 		Zip 																																																																						
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6. Name and Address of Current Registered Agent JANSSEN, DORIS E 25 W HIGHBANKS RD DEBARY, FL 32713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																						
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. (NOTE: Registered Agent signature required when reinstating)</small>																																																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																						
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JANSSEN, DORIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>25 W HIGHBANKS RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEBARY, FL 32713</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">Pres</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Same</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	JANSSEN, DORIS		STREET ADDRESS	25 W HIGHBANKS RD		CITY-ST-ZIP	DEBARY, FL 32713																										TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Same		STREET ADDRESS			CITY-ST-ZIP																							
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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: <i>Doris Janssen</i> DORIS JANSSEN 4-14-05 668-1770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																										

50040169



04132005 Chg-P CR2E034 (10/03)

4. FEI Number **37-1428602** Applied For ☐ Not Applicable ☒

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

PLEASE
CHANGE
37-1428602
issued by
Janssen

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