

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90194 017 ***150.00

DOCUMENT # P02000077957

1. Entity Name
JANE C. BYERS HOLDINGS CORP.



Principal Place of Business
**6315 BISCHOFF ROAD
WEST PALM BEACH, FL 33413**

Mailing Address
**6315 BISCHOFF ROAD
WEST PALM BEACH, FL 33413**

50036684



2. Principal Place of Business
438 SW TULIP BLVD

3. Mailing Address
438 SW TULIP BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE, FL

4. FEI Number
85-0489911

Applied For
Not Applicable

Zip
34953

Country

Zip
34953

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYERS, JANE C
6315 BISCHOFF ROAD
WEST PALM BEACH, FL 33413**

**438 SW TULIP BLVD
PORT ST. LUCIE, FL 34953**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
BYERS, JANE C
6315 BISCHOFF ROAD
WEST PALM BEACH, FL 33413**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BYERS, JANE C
6315 BISCHOFF ROAD
WEST PALM BEACH, FL 33413**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**438 SW TULIP BLVD
PORT ST. LUCIE, FL 34953**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**438 SW TULIP BLVD
PORT ST. LUCIE, FL 34953**

☒ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

Daytime Phone #

772-873-0119