


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 016 ***150.00

DOCUMENT # P02000111345 1. Entity Name JANSHE, INC.	
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Principal Place of Business 25120 MARION AVE. PUNTA GORDA, FL 33950 US	Mailing Address 25120 MARION AVE. PUNTA GORDA, FL 33950 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0813666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINGERICH, JANE L
25120 MARION AVE.
PUNTA GORDA, FL 33950

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/TR GINGERICH, JANE L 27475 CLEVELAND AVE. PUNTA GORDA, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S KINGSBURY WINTER, SHELLY 5219 BLACKJACK CIRCLE PUNTA GORDA, FL 33980
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jane L. Gingerich 1-5-06 941-639-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #