


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054453		
1. Entity Name JANO CARPENTRY, INC.		

FILED  
05 APR 28 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>2790 8TH AVENUE S.E.</del> NAPLES, FL 34117	Mailing Address <del>2790 8TH AVENUE S.E.</del> NAPLES, FL 34117
--	--



2. Principal Place of Business 2980 28 AVE. SE	3. Mailing Address 2980 28 AVE. SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State Naples, Florida	City & State Naples, Florida
Zip 34117	Country USA

4. FEI Number 43-2015523	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ALVAREZ, FE 2790 8TH AVENUE S.E. NAPLES, FL 34117	
--	--

7. Name and Address of New Registered Agent Name Norman de la Paz Street Address (P.O. Box Number is Not Acceptable) 2980 28th AVE. SE City Naples FL Zip Code 34117	
--	--

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 <u>Norman de la Paz</u> DATE <u>04-27-05</u> <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
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D- ALVAREZ, FE- 2790 8TH AVENUE S.E. NAPLES, FL 34117</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE LA PAZ, NORMAN 2980 28 AVE. SE NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054201380 05/10/05--01028--003 **450.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Norman de la Paz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>04-27-05</u> <small>Date Daytime Phone #</small>