

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90013 002 ***150.00

DOCUMENT # P04000018399					
1. Entity Name JANET MOORE CH, INC.					
Principal Place of Business 8695 COLLEGE PKWY #225 FT. MYERS, FL 33919 3403 HANCOCK Bridge PKWY N. FORT MYERS, FL 33903			Mailing Address 8695 COLLEGE PKWY #225 FT. MYERS, FL 33919 3403 HANCOCK Bridge PKWY N. FORT MYERS, FL 33903		
2. Principal Place of Business 3403-1 HANCOCK BRIDGE PKWY Suite, Apt. #, etc.		3. Mailing Address 3403-1 HANCOCK BRIDGE PKWY. Suite, Apt. #, etc.		02232006 Chg-P CR2E034 (11/05)	
City & State NORTH FORT MYERS, FL		City & State NORTH FORT MYERS, FL		4. FEI Number 14-1901182	
Zip 33903		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JANET 12905 S. CLEVELAND #109A FT. MYERS, FL 33940 Janet Moore Ch. Inc. 3403-1 Hancock Bridge Pkwy. N. Ft. Myers, FL 33903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3403-1 HANCOCK BRIDGE PARKWAY City NORTH FORT MYERS FL Zip Code 33903		
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><i>Janet Moore</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/13/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00			9. Election Campaign Financing <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	PD <input type="checkbox"/> Delete MOORE, JANET 8695 COLLEGE PKWY #225 FT. MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3403-1 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS, FL 33903	
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	
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 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 <u><i>Janet Moore</i></u> Date <u>3/13/06</u> Daytime Phone # _____					