## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000027289

Entity Name: JANDAV, INC.

FILED Mar 02, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

19316 GARDEN QUILT CIRCLE 17313 EQUESTRIAN TRAIL

LUTZ, FL 33558 ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

19316 GARDEN QUILT CIRCLE 17313 EQUESTRIAN TRAIL LUTZ, FL 33558 ODESSA, FL 33556

FEI Number: 80-0096345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POOLE, DAVID H
19316 GARDEN QUILT CIRCLE
LUTZ, FL 33558 US
POOLE, DAVID H
17313 EQUESTRIAN TRAIL
ODESSA, FL 33556 US

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.

SIGNATURE: DAVID H. POOLE 03/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

D ( ) Delete Title: D (X) Change ( ) Addition

Name: POOLE, DAVID H

Address: 10346 CARDEN CHILL CIRCLE

 Address:
 19316 GARDEN QUILT CIRCLE
 Address:
 17313 GARDEN QUILT CIRCLE

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 ODESSA, FL 33556

oky-st-zip. 6012, 1 E 33330 Oky-st-zip. 601236, 1 E 3333

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: POOLE, JANICE F Name: POOLE, JANICE F

Address: 19316 GARDEN QUILT CIRCLE Address: 17313 GARDEN QUILT CIRCLE

City-St-Zip: LUTZ, FL 33558 City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. POOLE D 03/02/2006