

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 015 \*\*\*150.00

<b>DOCUMENT # P04000060232</b>	
1. Entity Name <b>TEAM JANKE INC</b>	

Principal Place of Business <b>8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b>	Mailing Address <b>8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b>
--	--



2. Principal Place of Business <b>480 SAIL LA. Suite, Apt. #, etc. # 701</b>	3. Mailing Address <b>480 SAIL LA. Suite, Apt. #, etc. 701</b>
---	---

1st MOORE CR2E034 (10/04)

City & State <b>MERRITT ISLAND, FL</b>	City & State <b>MERRITT ISLAND FL</b>
Zip <b>32953</b>	Zip <b>32953</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-0979930</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent <b>JANKE, RICK 8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b>	
--	--

7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 SAIL LA. #701</b> City <b>MERRITT ISLAND FL</b> Zip Code <b>32953</b>	
--	--

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  DATE **4/20/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JANKE, LOU ANN 8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>480 SAIL LA. #701 MERRITT ISLAND, FL 32953</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JANKE, RICK 8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b> <input type="checkbox"/> Delete <b>NEW ADD.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>"</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA JANKE, RICK 8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b> <input type="checkbox"/> Delete <b>NEW ADDRESS</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>"</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC JANKE, RICK 8941 LAKE DRIVE #502 CAPE CANAVERAL FL 32920</b> <input type="checkbox"/> Delete <b>NEW ADD.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>"</b> <input checked="" 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:  DATE **4/20/05** 321-452-3922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #