


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080059 1. Entity Name JAN SCHORRY, INC. DBA: <i>LONGBOAT CREATIONS</i>			
Principal Place of Business 2240 SCHOOL CIRCLE SARASOTA, FL 34239		Mailing Address 2240 SCHOOL CIRCLE SARASOTA, FL 34239	
2. Principal Place of Business <i>6834 GULF OF MEXICO DR</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>LONGBOAT KEY FL</i>		City & State	
Zip <i>34228</i>		Zip	
Country <i>USA</i>		Country	
4. FEI Number <i>16-1701035</i>		Applied For NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent DUNKIN, DAVID A 170 W DEARBORN STREET ENGLEWOOD, FL 34223-3290		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	D - PRESIDENT <i>SI/TREASURER</i> <input type="checkbox"/> Delete SCHORRY, JAN 2240 SCHOOL CIRCLE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Delete SCHORRY PATRICIA 222 ROTONDA CIRCLE ROTONDA WEST FL 33947	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 110.07(3)(c), 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: <i>[Signature]</i>		Date: <i>4.25.05</i>	