2007 FOR PROFIT CORPORATION --ANNUAL REPORT

Apr 30, 2007 08:00 AM DOCUMENT # P04000085030 **Secretary of State** 1. Entity Name JAN-CEE, INC. Principal Place of Business Mailing Address 1061 HOWELL HARBOR DR 1061 HOWELL HARBOR DR CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 No Chg-P CR2E034 (11/05) 04272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 34-1998025 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAVONE, JEANETTE A 1061 HOWELL HARBOR DR CASSELBERRY, FL 32707 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000745728 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 05/16/07-80039-019 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IITLE CAVONE, JEANETTE A NAME STREET ADDRESS 1061 HOWELL HARBOR DR CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP

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.

NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR

Opr. / 26,2007

FILED