

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 016 ***150.00

DOCUMENT # P04000108565					
1. Entity Name JANELLI PROJECTS, INC.					
Principal Place of Business 4330 N.W. 63RD AVE CORAL SPRINGS, FL 33067			Mailing Address 4330 N.W. 63RD AVE CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0652813	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSSMAN, SHELLEY E 4330 NW 63RD AVE CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)				City	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GROSSMAN, SHELLEY E		NAME		
STREET ADDRESS	4330 NW 63RD AVE		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GROSSMAN, JAN M		NAME		
STREET ADDRESS	4330 NW 63RD AVE		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Shelley E Grossman</i>			2-12-2005 954-775-7109		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66005135



01122005 Chg-P CR2E034 (10/03)

FL

Zip Code