
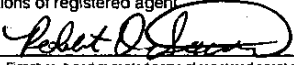



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90182 001 \*\*\*150.00

<b>DOCUMENT # P04000109802</b> 1. Entity Name <b>JORLAN INDUSTRIES, INC.</b>					
Principal Place of Business <b>570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953</b>			Mailing Address <b>570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953</b>		
2. Principal Place of Business <b>570 SW Nagle PL</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port St. Lucie, FL</b>		City & State			
Zip <b>34953</b>		Country <b>USA</b>		4. FEI Number <b>20-1462715</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DISAVINO, ROBERT G 570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>4-5-05</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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	PVST DISAVINO, ROBERT G 570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISAVINO, ROBERT G 570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DISAVINO, ROBERT G 570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DISAVINO, ROBERT G 570 SW NAGLE PLACE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
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 <b>4-5-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>772-370-9317</b>	

**50036100**



03292005 Chg-P CR2E034 (10/03)