


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000114046	
1. Entity Name JAN KING, INC.	

Principal Place of Business 1946 EAST EDGWOOD DR. ATTN: REGINA LONG, DISTRICT MANAGER LAKELAND, FL 33803	Mailing Address 1946 EAST EDGWOOD DR. ATTN: REGINA LONG, DISTRICT MANAGER LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1441390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
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.

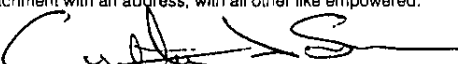
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000649859 03/07/07-80070-002-158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANIKIES, WILLIAM N 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, JANICE M 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JANIKIES-SIMONSON, CYNDI 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/12/07 401-91
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>