

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90027 001 \*\*\*158.75

<b>DOCUMENT # P04000114046</b>					
<b>1. Entity Name</b> JAN KING, INC.					
<b>Principal Place of Business</b> 1946 EAST EDGWOOD DR. ATTN: REGINA LONG, DISTRICT MANAGER LAKELAND, FL 33803			<b>Mailing Address</b> 1946 EAST EDGWOOD DR. ATTN: REGINA LONG, DISTRICT MANAGER LAKELAND, FL 33803		
<b>2. Principal Place of Business - No P.O. Box #</b> 1946 East Edgwood Dr.		<b>3. Mailing Address</b> PO BOX 8819			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
<b>City &amp; State</b> Lakeland, FL		<b>City &amp; State</b> CRANSTON, RI			
<b>Zip</b> 33803		<b>Country</b> USA		<b>Zip</b> 02920	
<b>Country</b> USA		<b>Country</b> USA			
<b>4. FEI Number</b> 20-1441300 36-4558503					
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>Temp</b> <input type="checkbox"/> <b>Perm.</b> <b>CR2E034 (12/06)</b>					
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> JANIKIES, WILLIAM N <input type="checkbox"/> Delete 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> MATHEWS, JANICE M <input type="checkbox"/> Delete 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> JANIKIES-SIMONSON, CYNDI <input type="checkbox"/> Delete 35 SOCKANOSSET CROSSROADS CRANSTON, RI 02920				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>Pres.</b> <b>3/27/08</b> <b>401-946-4000</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					