


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90559 039 \*\*\*158.75

<b>DOCUMENT # P92000010865</b> 1. Entity Name <b>JANSSEN FINANCE COMPANY</b>					
Principal Place of Business <b>10301 DEERWOOD PARK BLVD. BUILDING 3 SUITE A JACKSONVILLE, FL 32256</b>			Mailing Address <b>7500 CENTURION PKWY STE 100 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0375169</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
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			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.		
TITLE AS <input checked="" type="checkbox"/> Delete NAME ADEE, FAITH STREET ADDRESS 7500 CENTURION PKWY STE 100 CITY-ST-ZIP JACKSONVILLE, FL 32256			TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Woods, T J STREET ADDRESS 7500 Centurion Pkwy STE 100 CITY-ST-ZIP Jacksonville, FL 32256		
TITLE P <input checked="" type="checkbox"/> Delete NAME MILLER, PK STREET ADDRESS 1125 TRENTON-HARBOURTON RD CITY-ST-ZIP TITUSVILLE, NJ 08560			TITLE Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Harris, K STREET ADDRESS 7500 Centurion PKWY STE 100 CITY-ST-ZIP Jacksonville, FL 32256		
TITLE S <input checked="" type="checkbox"/> Delete NAME CHESTER, M C STREET ADDRESS 1125 TRENTON HARBOURTON CITY-ST-ZIP TUTUSVILLE, NJ 08560			TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Tremel, S J STREET ADDRESS 7500 Centurion PKWY STE 100 CITY-ST-ZIP Jacksonville, FL 32256		
TITLE AS <input checked="" type="checkbox"/> Delete NAME ROSENBERG, S M STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA CITY-ST-ZIP NEW BRUNSWICK, NJ 08933			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS <input checked="" type="checkbox"/> Delete NAME HILTON, J R STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA CITY-ST-ZIP NEW BRUNSWICK, NJ 08933			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS <input checked="" type="checkbox"/> Delete NAME ZOCCA, R L STREET ADDRESS 1125 TRENTON-HARBOURTON RD CITY-ST-ZIP TITUSVILLE, NJ 08560			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 4/28/2005 Daytime Phone #: 904-443-1000					