

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000019719**

1. Entity Name  
**JANE DILORETO INSURANCE INC.**



Principal Place of Business  
**1405 KINGSLEY AVE  
ORANGE PARK, FL 32073 US**

Mailing Address  
**1405 KINGSLEY AVE  
ORANGE PARK, FL 32073 US**



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3259882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DILORETO, JANE  
1405 KINGSLEY AVE  
ORANGE PARK, FL 32073**

**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

Signature, typed or printed name of registered agent and fee, if applicable.

FCI Number, Registered Agent's signature required when not typed.

DATE

**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**

TITLE	<b>P</b>
NAME	<b>DILORETO, JANE</b>
STREET ADDRESS	<b>1405 KINGSLEY AVE</b>
CITY ST ZIP	<b>ORANGE PARK, FL 32073</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000251450  
03/04/05-80051-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jane DiLoreto* **Jane DiLoreto**

**3/2/05**

**604/215-2721**