## - 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2004 08:00 AN Secretary of State

DOCUMENT # P9400  1. Entity Name JANES, KEY & DINHO, P.A.		
Principal Place of Business 2717 N, WICKHAM RD. STE 3 MELBOURNE, FL 32935	Mailing Address 2717 N. WICKHAM RD. STE 3 MELBOURNE, FL 32935	

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Principal Place	of Business	Mailing Address		1			
2717 N. WICK	CHAM RD.	2717 N. WICKHAM RD.		}			
STE 3	ri opogr	STE 3					
MELBOURNE,	FL 32935	MELBOURNE, FL 32935					
					14111		
DO NOT WRITE IN THIS SPA			04292004	No Chg-P	CR2E034 (10/	03)	
		CE	4. FEI Numbe			Applied For	
			59-326			Not Applicable	
				5. Certificate	of Status Desired		Additional
	6. Name and Address of Current Re	nistana hasat		<u> </u>		Fee Rec	drited
	6. Highir Bitt Authors of Current ne	district Adent					
JANES, LA				DO	<b>NOT W</b>	RITE	
	ICKHAM RD.		ļ ļ				
STE 3	NE FL 32935			IN 7	THIS SP	ACE	
MELBOURNE, FL 32935		·					
- <del></del> -	named entity submits this statement for ti				the in the State of De	ride Lam familiar	topogod account
	named entity submits this statement for ti lons of registered agent.	ne purpose of changing its register	ea onice or registe	red agent, or bo	in, in the state of Fic	MOS. Familianisher	wiin, and accept
					garante e	F	
SIGNATURE_	Signature, typed or printed name of registered agent and	site if applicable. (NOTE Register)	ed Agent signature require	d when reinstating)		DATE	Approx 1
- <del></del>					-		
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.			.00 May Be ded to Fees				
ATEI W	ay 1, 2004 Fee Will be \$550.00			<u>.</u>			
10,	OFFICERS AND D	RECTORS		"	- :	,	
TITLE	DP						
NAME OTRACE ADDRESS	JANES, LARK				ن پيدر پيدر پيدر پيدر		
STREET ADDRESS CITY-ST-ZIP	2717 N. WICKHAM RD., STE 3 MELBOURNE, FL		l		DUUUUU	)149462 -80182-024	
	DST		-1		05/03/04-	-80182-024	150.00
TITLE NAME	KEY, CATHERINE M.						
STREET ADDRESS	2717 N. WICKHAM RD., STE 3						
CITY-SI-ZIP	MELBOURNE, FL	_ <del>_</del> <del></del>					
THE	DVP						
NAME	DINHO, ELAINE B						
STREET ADDRESS	2717 N. WICKHAM RD., STE 3			חח	NOT W	PITE	
CITY-ST-ZIP	MELBOURNE, FL	<u> </u>					
TITLE				IN '	THIS SF	PACE	
NAME							
STREET ADDRESS							
CITY-ST-ZIP		<u> </u>	-1				
<u>FIFLE</u>							
NAME STREET ADDRESS			1				
CITY-ST-ZIP							
TITLE	<u> </u>	<del></del>	1				
NAME							
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>						
12 I herebu	certify that the information expolied with the	rie filing does not qualify for the ev	emotion stated in S	ection 119 07(3)	(i) Florida Statutes	I further certify that	the information

neetby ceany triat tre information supplied with an address, with all other like empowered.

The employed in Section 119.07(3)(1), Florida Statutes. Hurther 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 eath; 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-752-6000 Daytime Phone #