

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90001 043 \*\*\*150.00

**DOCUMENT # P95000087767**

1. Entity Name  
**JELANO, INC.**



Principal Place of Business  
**6801 LAKE WORTH RD  
SUITE 119  
LAKE WORTH, FL 33467 US**

Mailing Address  
**6801 LAKE WORTH RD  
SUITE 119  
LAKE WORTH, FL 33467 US**

**50000336**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0633776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHROEDER, NORMAN L II  
6801 LAKE WORTH ROAD  
SUITE 120  
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D S** ☐ Delete  
NAME **SCHROEDER, NORMAN L II**  
STREET ADDRESS **6801 LAKE WORTH RD #120**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D P** ☒ Delete  
NAME **SCHROEDER, NORMAN L II**  
STREET ADDRESS **274 WRANGLEWOOD DR**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **LARRY NEWMAN**  
STREET ADDRESS **6801 LAKE WORTH ROAD STE 119**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME **MICHAEL NUGENT**  
STREET ADDRESS **6801 LAKE WORTH ROAD STE 121**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Larry Newman*

**1/4/05 561-642-6999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LARRY NEWMAN**