2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 8:00 am Secretary of State

DOCUMENT # P95000087767 1. Entity Name JELANO, INC.							01-07-2005 90001 043 ***150.00				
Principal Place of Business 6801 LAKE WORTH RD SUITE 119 LAKE WORTH, FL 33467 US			Mailing Address 6801 LAKE WORTH RD SUITE 119				50000336				
LAKE WORTH		LAKE WORTH, FL 334	AKE WORTH, FL 33467 US								
2. Principal Place of Business			3. Mailing Address				1181 81111 128111 66 111 66 11				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042005	Chg-P	CR2E034	(10/03)		
City & State			City & State			4. FEI Number 65-0633	776			plied For t Applicable	
Zip	ip Country		Zip	Country		5. Certificate o	f Status Desired		.75 Add Required		
	6. Name a	nd Address of Current I	Registered Agent			- 7 Name and A	ddress of New R	tegistered Age	ınt ———		
SCHROEDER, NORMAN L II					Name	reas /D.O. Boy Number	is Not Associable	.,			
6801 LAKEWOTH ROAD SUITE 120					Street Addi	ress (P.O. Box Number	is Not Acceptable	*)			
LAKEWORTH, FL 33467					City			FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its register					ed office or re	gistered agent, or both	, in the State of Flo		iliar with,	and accept	
_	ions of register	ed agent.									
SIGNATURE_	Signature, typed or	printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature r	required when reinstating)		DATE			
			1								
		FEE IS \$150.00 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing	\$5.00 May Be Added to Fees					
	ay 1, 2005		Trust Fund Con			Added to Fees	HANGES TO OFF	ICERS AND DI	RECTORS	S IN 11	
After Ma	DS	OFFICERS AND	Trust Fund Con	11.		Added to Fees	HANGES TO OFF		RECTORS Change	S IN 11	
After Ma 10. TITLE NAME	D S SCHROEDI	OFFICERS AND ER, NORMAN L. II	Trust Fund Cor DIRECTORS	11.	E	Added to Fees	HANGES TO OFF				
After Ma	D S SCHROEDI 6801 LAKE	OFFICERS AND	Trust Fund Cor DIRECTORS	11. TITLI NAM STRE		Added to Fees	HANGES TO OFF				
10. TITLE NAME STREET ADDRESS	D S SCHROEDI 6801 LAKE	OFFICERS AND ER, NORMAN L. II WORTH RD #120	DIRECTORS Delate	11. TITLI NAM STRE	E E EET ADDRESS	Added to Fees	HANGES TO OFF				
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After Ma 10. TITLE NAME STREET ADDRESS S CITY-ST-ZIP TITLE NAME	D S SCHROEDI 6801 LAKE LAKE WOR D P SCHROEDI 274 WRANG	OFFICERS AND OFFICERS AND ER, NORMAN L. II WORTH RD #120 ITH, FL 33467 ER, NORMAN L II	DIRECTORS Delete	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees ADDITIONS/C	HANGES TO OFF		Change	Addition	
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indicated on this report or supplies that are an accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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.

561-642-6999

Daytime Phone #

SIGNATURE:

NEWMAN