

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90023 046 ***150.00

DOCUMENT # P96000004023

1. Entity Name
JANG, INC.



Principal Place of Business

756 79TH CIR., SOUTH
ST. PETERSBURG, FL 33710
9772 SAGO POINT DRIVE
LARGO, FL 33777

Mailing Address

756 79TH CIR., SOUTH
ST. PETERSBURG, FL 33710
9772 SAGO POINT DRIVE
LARGO, FL 33777

400009100



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3354903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEINMETZ, JULIE
9772 SAGO POINT DRIVE
LARGO, FL 33777

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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 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
NAME SLOTT, GENE
STREET ADDRESS 10470 GULF BLVD #101
CITY-ST-ZIP INDIAN SHORES, FL 33785
9775 SAGO POINT DR
LARGO, FL 33777

TITLE D
NAME KLEINMETZ, JULE
STREET ADDRESS 9772 SAGO POINT DRIVE
CITY-ST-ZIP LARGO, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JULE KLEINMETZ Pres 1/13/05 727-545-9891