

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000018762	
1. Entity Name JANSYS, INC.	

Principal Place of Business 2830 NORTHWEST 66TH TERRACE GAINESVILLE, FL 32606-6355 US	Mailing Address 2830 NORTHWEST 66TH TERRACE GAINESVILLE, FL 32606-6355 US
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3367107	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLEIM, HOLGER D 150 SECOND AVENUE NORTH SUITE 1100 ST. PETERSBURG, FL 33701

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IN THIS SPACE**

7. 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.

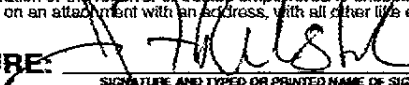
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	1100000099363 03/31/04-00002-022 157.00
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10. OFFICERS AND DIRECTORS	
TITLE P	REBSTOCK, JANICE
NAME	2830 NW 66 TER
STREET ADDRESS	GAINESVILLE, FL 32606
CITY- ST- ZIP	
TITLE VPS	RAST, T. PAUL
NAME	3005 NW 66 TER
STREET ADDRESS	GAINESVILLE, FL 32606
CITY- ST- ZIP	
TITLE T	REBSTOCK, JOHN F
NAME	2830 NW 66 TER
STREET ADDRESS	GAINESVILLE, FL 32606
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)(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 lists empowered.

SIGNATURE: 	JOHN F. REBSTOCK, TREASURER	03-22-04	352-538-1561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #