## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P96000075211 1. Entity Name LAW OFFICE OF JANIS M. WARREN, P.A. Principal Place of Business Malling Address 769 BLANDING BLVD. ORANGE PARK, FL 32065 795 BLANDING BLVD. ORANGE PARK, FL 32065 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3397537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WARREN, JANIS M DO NOT WRITE 795 BLANDING BLVD. ORANGE PARK, FL 32085 IN THIS SPACE 5. 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) 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 \$5.00 May Ba After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAAAF WARREN, JANIS M STREET ADDRESS 795 BLANDING BLVD 000000503808 CITY-ST-ZIP ORANGE PARK, FL 32065 04/26/06-80044-023 150.d TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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 it changed, or or an attachment with an addirect.

SIGNATURE:

7271 E NAME STREET ADDRESS CSTY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND

904-276-2602

**FILED**