2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P97000030257 1. Entity Name 03-22-2004 90301 018 ***150.00 JANELLE ENGINEERING, INC. Principal Place of Business Mailing Address 128 HERALD COURT PUNTA GORDA FL 33950 128 HERALD COURT PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0745143 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOTITZKY, HAL F 223 TAYLOR ST. Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 -Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE Change ☐ Addition JANELLE, GERARD L. NAME NAME 1710 JAMAICA WAY #204 1200 W. RETTA ESPLANADE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA, FL 33950 TITLE VSTD ☐ Delete Change TITLE Addition JANELLE, ANNETTE J. NAME NAME 1710 JAMAICA WAY #204 STREET ADDRESS 1200 W. RETTA ESPLANADE STREET ADDRESS PUNTA GORDA FL 33950 PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP Delete TILE TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE 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

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