2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM Secretary of State **DOCUMENT # P98000002213** ROD JANACEK, INC. Principal Place of Business Malling Address 8613 SW 55TH PLACE PO BOX 140398 GAINESVILLE, FL 32608 GAINESVILLE, FL 32614 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3483352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent JANACEK, ROD DO NOT WRITE 8613 SW 55TH PLACE GAINESVILLE, FL 32608 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JANACEK, ROD NAME STREET ADDRESS **8613 SW 55TH PLACE** GAINESVILLE, FL 32608 COY-ST-ZIP 000000783924 01/16/08-80035-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TRUE NAME

12. I hereby certify that the information supplied with this filing 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 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:

STREET ADDRESS CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1//08

(352) 335 a 795

FILED

Daytime Phone #