2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 26, 2005 08:00 A	
DOCUMENT # P98000012400 1. Entity Name JENTANDE, INC.					Secretary of State
2825 BUSIN C-1	ce of Business NESS CENTER BLVD E, FL 32940	Mailing Address 2825 BUSINESS CENTER BLVI C-1 MELBOURNE, FL 32940)	T 	
DO NOT WRITE IN THIS SPACE			01212005 No Chg-P CR2E034 (10/03) 4. FEI Number		
		Registered Agent	DO NOT WRITE 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 \$10 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 Finan Trust Fund Contribution.				00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REITER, DEANNA M 173 MARTESIA WAY INDIAN HARBOUR WAY, FL 32			galage of a state of the control of the Police of the Control of t	000000198318 01/27/05-80047-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIF					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		Ave. 4	,		ł

12. I hereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 2 1 2005 3 2/-21/2-77 99

Date Daytime Phone ≠