

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000038809

1. Entity Name
JANOURA REALTY & MANAGEMENT, INC.



Principal Place of Business
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319

Mailing Address
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0844987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANOURA, MICHAEL
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JANOURA, JOSEPH
STREET ADDRESS 6827 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D
NAME JANOURA, MICHAEL
STREET ADDRESS 6827 W. COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC, FL 33319

TITLE
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CITY-ST-ZIP

U000006884035
04/06/07-80015-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 (954) 721-4190

Date

Daytime Phone #