2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000038337

1. Entity Name
JANICE APPEL, INC.



Principal Place of Business

PRIME OUTLETS AT ELLENTON 5461 FACTORY SHOPS BLVD ELLENTON, FL 34222 Mailing Address

JANICE LYNN APPEL 6506 WATERS EDGEWAY BRADENTON, FL 34202

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90407 039 ***150.00



04252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3578932

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APPEL, JANICE 6506 WATERS EDGE WAY BRADENTON, FL 34202

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BRADENTON, FL 34202			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPEL, JANICE L 6506 WATERS EDGEWAY BRADENTON, FL 34202				
NAME STREET ADDRESS CITY-ST-ZIP	D WEGER, ALAN G 6506 WATERS EDGEWAY BRADENTON, FL 34202				
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11TLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

L-28-07 PH

Daytime Phone #