

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 009 ***150.00

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1. Entity Name

JANSO, INC.



Principal Place of Business
13346 N HIGHWAY 19
SALT SPRINGS FL 32134

Mailing Address
P.O. BOX 5199
SALT SPRINGS FL 32134

20030473



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3585422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, WILLIAM S
25250 E HWY 316
SALT SPRINGS FL 32134

Name

Street Address (P.O. Box Number is Not Acceptable)

13346 N Highway 19

City Salt Springs

FL

Zip Code 32134

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FOWLER, WILLIAM S
STREET ADDRESS 25250 E HWY 316
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE ☒ Change ☐ Addition
NAME 13346 N Highway 19
STREET ADDRESS Salt Springs, FL 32134
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOWLER, JANET M
STREET ADDRESS 25250 E. HWY 316
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE ☒ Change ☐ Addition
NAME 13346 N Highway 19
STREET ADDRESS Salt Springs, FL 32134
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05
Date

(352)685-9066
Daytime Phone #